Theses

2018

Development of a professional practice competency for undergraduate nursing students at a private catholic university in Western Australia: A mixed-method study

Christine Adams
The University of Notre Dame Australia

Follow this and additional works at: https://researchonline.nd.edu.au/theses

Part of the Nursing Commons

Development of a Professional Practice Competency for Undergraduate Nursing Students at a Private Catholic University in Western Australia: A Mixed-method Study

Christine Adams

20143477

A thesis submitted in fulfilment of the requirements for the degree of Master of Nursing

School of Nursing and Midwifery

The University of Notre Dame, Australia

2018

Principal supervisor	Associate Professor Kylie Russell
Co-supervisor	Dr Tracey Coventry
Submission date/time:	August 2018

Contents

List of Figures

List of Graphs

List of Tables

List of Abbreviations

ACSQHC	Australian Commission on Safety and Quality in Health Care
AHPRA	Australian Health Practitioner Regulation Agency
ANA	American Nurses Association
ANMAC	Australian Nursing and Midwifery Accreditation Council
ANSAT	Australian Nursing Standards Assessment Tool
ASAP	Amalgamated Student Assessment in Practice
ATAR	Australian Tertiary Admission Rank
BIPN	Behavioural Inventory for Professionalism in Nursing
BN	Bachelor of Nursing
CF	Clinical Facilitator
HREC	Human Research Ethics Committee
ICN	International Council of Nurses
NCAS	Nursing Competency Assessment Schedule
NHMRC	National Health and Medical Research Council
NMBA	Nursing and Midwifery Board of Australia
NPVS-R	Nurses Professional Values Scale—Revised
NSQHS	National Safety and Quality Health Service Standards
SoNM	School of Nursing and Midwifery
ToS	Table of Specifications
UNDA	University of Notre Dame Australia
WA	Western Australia
WIL	Work-integrated Learning

Terms

Council of Deans

Peak organisation that represents the deans and heads of nursing and midwifery schools in Australia and New Zealand.

Course

A unit of study.

Healthcare facility/service

Inclusive of acute care hospitals, rehabilitation centres, outpatient clinics, community health services and residential care.

University objects

The mission of the university.

Professional practice coordinator

University academic responsible for the coordination of student clinical placements, including allocation and assessment.

Program

An academic qualification.

Abstract

This research investigating professional student nursing practice occurred at a private Catholic university in Western Australia. The objects of this university articulate the provision of education in the context of Catholic faith and values. The objects are further expressed through the university's 10 graduate attributes, which every student should have achieved by graduation. These attributes aim to foster and grow the qualities of ethical practice, interpersonal skills, professionalism, specialist knowledge and skills to support local and global communities. Suggested university strategies for attaining these attributes include undertaking high-quality work-integrated learning and building strong and mutually beneficial relationships with industry partners to successfully meet the future workforce needs of industry and society. However, it has been acknowledged by the School of Nursing and Midwifery that assessment of these attributes in the Bachelor of Nursing clinical practice program is vague and non-specific. Additionally, it has been recognised by the school that the assessment of nursing professionalism as a standalone construct, which holds many common characteristics to the graduate attributes, is not present in the current student clinical placement assessment tool. Attainment of these graduate attributes and professionalism in nursing practice can only be ensured through appropriate assessment that guides student practice and learning.

Nursing professionalism relates to the knowledge, skills, conduct, behaviour and attitudes of registered nurses when undertaking their role. The Nursing and Midwifery Board of Australia requires a registered nurse to practice all duties in a competent, safe, ethical and professional manner, adhering to the *Registered Nurse Standards for Practice*, *Code of Conduct for Nurses* and International Council of Nurses' *Code of*

Ethics. Difficulties related to the assessment of professionalism have been anecdotally described as resulting from the disparity between the meaning of the term 'professionalism' to nurses and how it is applied, assessed and measured in clinical practice. Professionalism is a well-recognised term in the nursing profession, with the literature describing many commonly accepted qualities and attributes of this. However, the perception of professionalism in clinical practice is varied, subjective and contextually based. Unprofessional conduct in the clinical setting is diametrically opposed to professionalism, and can be time consuming to manage and obstructive to patient-centred healthcare goals.

In acknowledgement of these gaps in the school student assessment process, this study developed a *professional practice competency* to measure and assess this essential construct of nursing practice for Bachelor of Nursing students from a private Catholic university in Western Australia. It implemented an exploratory sequential mixed-methods approach with a two-phase design. Phase 1 used a Delphi panel to obtain consensus and face validity of criteria to measure nursing professionalism and the university graduate attributes. Phase 2 employed a table of specifications methodology, with clinical facilitators providing content validity for professional practice competency. It is envisaged that the developed professional practice competency, consisting of 33 statements, will assist undergraduate nursing students to gain valuable and timely insight into their own professional role and the university and clinical expectations, and subsequently allow adjustment and achievement of professional practice competency in a real-time context.

Statement of Candidate Contribution

This thesis is the candidate's own work and contains no material that has been accepted for the award of any degree or diploma in any other institution.

To the best of the candidate's knowledge, the thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

_____   _____

Christine Elaine Adams   Date

Acknowledgements

Thank you to my big beautiful family, all over the world, who never, ever stop loving and supporting me and to my husband who has endured this process along with me. Special thanks to my dear Mum and Dad, who are my strength and make me so proud to be their daughter, all that I am I have learnt from you. To my exquisite and precious children, Caitlin, Nicholas, James and Lachlan, I love you *all* so very much, with all the love in my heart.

Prologue

I feel a great sense of pride and privilege to hold the esteemed and respected title of registered nurse. I have worked clinically for 25 years and been involved with the clinical facilitation and education of nursing students informally and formally for over 15 years. To this day, I still find joy and fulfilment in making a difference in my patients' lives. I cherish the opportunity to spark passion in nursing students to provide nursing care to the highest possible standard and to engage authentically, respectfully and compassionately with each person in their care. In the many and varied roles of nursing, a central precept is professionalism. As a registered nurse working in a major teaching hospital and the nursing professional practice coordinator at a private Catholic university, I have witnessed, reflected on and responded to unprofessional practice in the workplace and practicum settings.

During many debrief meetings with students exposed to unprofessional practice, descriptions emerged of attitudes, knowledge, skills and behaviours that were diametrically opposed to what had been taught at university and are a recognised requirement of registration to practice as a registered nurse. Students expressed surprise and concern about the perceived acceptance of unprofessional practice by some staff. Various reasons were offered for the acceptance of unprofessional practice, including that 'some people are just too hard to manage', 'it's just how they are' or perhaps the student 'is too sensitive and should just toughen up'. The barometer of professional assessment appears subjective, contextually based, and inconsistent with and incongruous to the research site's Bachelor of Nursing curriculum, which is constructed around Australian accreditation standards and the standards of practice and codes of the nursing profession, as well as the objects and values of a private Catholic university.

Students expressed concern about the culture they perceived had developed in workplaces where unprofessional practice was tolerated.

Nursing professionalism may be observed and understood by patients and their families as the ability of a nurse to safely, confidently and competently perform his or her duties. I hold close to my own nursing practice the precept of the patient as the centre of all we do in healthcare. I am passionate that we pass this same premise onto the nurses who will one day care for our future generations. The patient is at the centre of healthcare, encircled by the nurse, the patient's family and other members of the interprofessional team, working collaboratively to support, educate and attain person-centred healthcare goals. Vulnerable and extricated from their normal lives into an overwhelming world of healthcare, the patient relies on the nurse to be a conduit of information, an advocate, and an individual who is competent and safe in knowledge and skills, and holds a vested and genuine interest in aiding attainment of the patient's healthcare goals.

At a university providing education in the context of Catholic faith and values, professionalism, the university objects and the graduate attributes conjoin as mutually achievable outcomes for nursing students from both an academic and nursing perspective. Discussions with respected colleagues from both Western Australian universities and interstate universities about undergraduate nursing professional practice revealed many of the same difficulties. Registered nursing education is provided at four Western Australian universities in a broadly similar fashion, meeting Australian Nursing and Midwifery Accreditation Council accreditation standards and Nursing and Midwifery Board of Australia registered nurse standards of practice, as well as registration requirements with the Australian Health Practitioner Regulation Agency. The central precept of professionalism in nursing delivered and assessed throughout

curricula in academic units is difficult to measure in the clinical setting. The Bachelor of Nursing practicum course of the private Catholic university is different to other universities in Western Australia, given the university's object of providing education in the context of Catholic faith, and expectation that students will achieve the graduate attributes upon program completion. As an academic employed by this university, I believe it is my duty to assist students to achieve these graduate attributes; therefore, it is an academic responsibility to provide a competency to assess achievement of this outcome in practicum.

A literature review of professionalism and nursing unveiled a plethora of information, with a significant theme emerging around the difficulty in measuring or assessing professional practice in the context of practice, and interpretation of standards and codes in application to practice. In terms of context, a measure of professionalism would best be developed by expert nurses in the state of Western Australia, who are closest to the student experience in hospital and community settings, and by nurses who are regularly involved in managing undergraduate nursing student placements with the study site.

The subsequent professional practice competency contains criteria developed by a Delphi panel of expert nurses, who offered their views and opinions on the expected knowledge, skills and attitudes of undergraduate nurses from a private Catholic university. Assessment criteria were based on the expert panel's interpretation of the ways in which the codes and standards of the nursing profession inter-relate with university graduate attributes in the context of Catholicity in the Bachelor of Nursing program and application to student nursing practice, thereby providing face validity of the assessment criteria. To achieve content validity, these criteria were reviewed in the second phase of the research by clinical facilitators employed by the Western Australian

private Catholic university. The professional practice competency assesses the professional knowledge, skills and attitudes of nursing students from a private Catholic university in the context of the 10 graduate attributes expected upon program completion and the national nursing codes and standards. This competency will now be implemented into the Nursing Clinical Assessment Schedule of professional practice nursing courses across the three-year Bachelor of Nursing program at the research site. The objective of this competency is to assess and subsequently guide undergraduate nurses in demonstrating understanding of nursing professionalism and its application to practice in the clinical setting.

Chapter 1: Introduction

This chapter introduces the research and provides background to the current issues in assessing the undergraduate nursing practice of students on clinical placement from a private Catholic university in Western Australia (WA). It offers an overview of nursing professionalism, specifically discussing the national standards and codes that govern nursing practice in Australia. The university strategic plan is also reviewed because it provides background and context to the 10 graduate attributes and how they link with the university objects. Assessment of undergraduate nursing clinical practice is explained and the current nursing competency assessment schedule and its use as a clinical assessment tool for undergraduate nursing students in WA is explored. Justification for the research, the significance of the research findings to the nursing profession and the research questions conclude this chapter.

1.1 Background

Australian nursing practice is regulated by the Australian Health Practitioner Regulation Agency (AHPRA) on behalf of the Nursing and Midwifery Board of Australia (NMBA) (2016). Registration of nurses provides protection for patients through provision of high-quality and safe care and promotion of positive person-centred health outcomes for patients and their families. Regulation of nursing practice is in accordance with the NMBA's professional nursing standards (NMBA, 2016) and codes (NMBA, 2018a) and the International Council of Nurses' (ICN's) (2012) *Code of Ethics*. Registered nurses are required to meet these standards in their practice to maintain registration with the AHPRA. Henderson, Eaton, and Burmeister (2012) discussed the importance of quality nursing education and the crucial role this plays in ensuring future nurses can apply professional codes and standards to nursing practice. The Australian Nursing and Midwifery Accreditation Council (ANMAC) (2017)

protects the health and safety of the Australian community through ensuring high-quality standards of nursing and midwifery education, training and assessment, and facilitating the development and application of accreditation standards to education providers offering nursing and midwifery courses. This ensures that the national standards of education, training and assessment are met across the country by all education providers in Australia, and graduating students meet the requirements to register with the AHPRA as a registered nurse. This independent process serves to protect the Australian community by ensuring consistent quality and standards of nursing course delivery. The accreditation of a nursing course requires the education provider to attest to the use of robust assessments for each nursing student's competence, according to the standards and codes of the nursing profession (Zasadny & Bull, 2015). In addition, the ICN (2013) supports regular review and continued engagement with registered nurses to inform regulatory change in both standards of practice and accreditation of curricula. The ICN (2013) asserts that 'profession-led nursing regulation contributes to public protection and quality patient outcomes' (p. 1) and ensures that practitioners remain invested in endorsing and applying expected standards of practice in the clinical setting.

Complementing these international and national standards, the university study site, through the Quality Management Office (2017), asserts that students will have attained the requisite 10 graduate attributes upon program completion (Appendix 1). Academic staff are expected to assist students to achieve the graduate attributes by exhibiting authentic Catholicity and pursuing excellence in academic endeavours, with particular emphasis on teaching, scholarship and research (The University of Notre Dame Australia [UNDA], 2018). The university objects and Catholic intellectual tradition, together with current professional practice curriculum assessment, allow

students the ability to understand the application of university graduate attributes and professional codes and standards to nursing practice.

The researcher's current academic role at the university is to manage the coordination of undergraduate nursing practicum placements—also known as work-integrated learning (WIL). Anecdotal observation and discussion with the nursing staff involved in assessing undergraduate student practice identified a gap in the ability of the current clinical assessment tool—the Nursing Competency Assessment Schedule (NCAS) (Appendix 2)—to measure and assess the notion of professional competence in nursing students from a private Catholic WA university. There is an expectation that, upon graduation, students from this university will have attained the 10 graduate attributes, which serves as an additional requirement for student clinical assessment. These professional-based attributes are less easily measured, yet are an essential component of professional practice (Gonczi, 2013; Zasadny & Bull, 2015).

The research site is an accredited Bachelor of Nursing (BN) course provider that currently offers extensive clinical practicum hours in Australia, comprising 1,120 hours across the three-year degree. The NCAS provides the main source of assessment for the professional practice courses throughout the six semesters of the degree. Students may attend a practicum rotation once they have successfully completed pre-clinical academic units achieving a minimum pass grade. The pre-clinical requirements mandated by healthcare facilities and health service providers in WA include skills such as immunisations, manual handling certification, cardiopulmonary resuscitation certification, hand hygiene certification, medication calculation certification, national police clearance and 'working with children' screening—all identified within the professional practice course outline. The university course coordinators are required to vet students' adherence to and compliance with these requirements before a placement

can be confirmed. Failure to comply with these professional requirements may result in

a failure to complete (FN) grade being allocated against the professional practice

course. Additional course requirements include attendance to the pre-practicum lecture,

where the course outline is reviewed and the learning outcomes addressed—particularly

the requirements of the NCAS and how assessments will be conducted during clinical

placement to enable successful completion of the course. The course outline also

advises students of the university graduate attributes (Appendix 1) and expected course

learning outcomes (Figure 1). However, while the NCAS provides assessments that

demonstrate achievement of learning outcomes, there is no assessment for achievement

of graduate attributes.

Course Learning Outcomes

At the completion of this course, a student should be able to:

- Demonstrate competence in the NMBA (2016) *Registered Nurse Standards for Practice*, as evidenced through completion of NCAS.
- Demonstrate scope of practice appropriate for the semester or stage of nursing student using nursing codes, healthcare agency policies and procedures, and the Nursing Practice Decisions Summary Guide.
- Self-appraise how he/she has achieved the *Registered Nurse Standards for Practice* using a standardised reflective model.
- Demonstrate the ability to provide safe, appropriate and responsive quality nursing practice within his/her scope of practice.
- Conduct comprehensive assessments to develop an appropriate plan for nursing care.

Figure 1. Professional practice course learning outcomes.

Academic responsibility to evaluate student course learning outcomes and the

assessment material used to measure these outcomes is a critical component of the role

of lecturer, and affirms the need to develop a competency to assess graduate attributes at

the research site (Morin & Bellack, 2015). In processes such as course reviews and

course accreditations, it is a requirement that tertiary institutions are able to articulate

the ways student learning outcomes are evaluated or assessed (Morin & Bellack, 2015).

Development of the professional practice competency will be highly beneficial in aiding student assessment of progression towards achieving the graduate attributes and to contemporaneously assess the knowledge, skills and attitudes of undergraduate professional practice. The domains of knowledge, skill and attitudes is used as the framework for competency, and is discussed in detail below (Bloom, Englehart, Furst, Hill, & Krathwohl, 1956).

This research used a mixed-methods research design to develop a competency to measure professionalism in the undergraduate nurse. It is proposed that the NCAS, together with the professional practice competency, will comprehensively assess competence in undergraduate nursing students and provide a tangible framework for assessing skills, attitudes, knowledge and application of professionalism in nursing practice. The development of a professional practice competency will assist undergraduate nursing students to gain valuable and timely insight into their own professional role and the university and clinical expectations, and subsequently allow adjustment and achievement of the competency in a real-time context.

1.2 Overview of Professionalism

Registered nurses (RNs) in Australia are bound to practice in accordance with the NMBA's (2016) *Registered Nurse Standards for Practice*, NMBA's (2018a) *Code of Conduct for Nurses* and ICN's (2012) *Code of Ethics for Nurses*. Griffith (2016) defined professionalism as 'the knowledge, values, attitudes and behaviours required to be a registered nurse' (p. 344). The United Kingdom Nursing and Midwifery Council (2017) stated that professionalism is 'characterised by the autonomous evidence-based decision making by members of an occupation who share the same values and education' (p. 3). Fitz-Gerald (2013) further suggested that there are commonly agreed attitudes and qualities that are fundamental to professional nursing practice and are

imperative to fostering a healthy workplace culture that prioritises patient safety and positive healthcare outcomes. Hence, the professional guidance provided by standards and codes forms a framework for expectations of clinical practice and assessment (Levett-Jones & Bourgeois, 2011) and prioritise safety in the provision of healthcare to the public (Boyd & Sheen, 2014).

Frameworks are designed to indicate a minimum standard of conduct expected of the profession by the registration body—the NMBA—where eligibility for nursing registration relies on compliance with and adherence to these professional standards. RNs are expected to uphold exemplary standards of conduct that are higher than those expected of the general public (NMBA, 2018b). According to Collier (2012), RNs are observed and inadvertently assessed by patients, patients' families and friends, nursing colleagues, multidisciplinary team members and the general public. Thus, interprofessional and public perceptions mould the behaviour and reputation of the RN. In addition to these expectations of RN practice, the study site aims for all of its graduates to 'engage with the wider community' and develop solidarity with all people, thereby developing a lifelong commitment to service and a desire to 'seek to shape the world in a spirit of courage, compassion and charity' (UNDA, 2018a, p. 4). Practicum experiences provide nursing students with an opportunity to demonstrate these graduate attributes in their interactions with others; however, there is currently no capacity in the current student clinical assessment tool to assess these. The proposed professional practice competency provides a framework to address this gap.

1.3 University Strategic Plan

The involved university's strategic plan (UNDA, 2018b) describes goals for current educational programs and the requirement for academic staff to display innovation and creativity to pursue excellence in educating students for the professions.

This plan identifies the 10 graduate attributes desired upon course completion. In striving to be a distinctive private Catholic university in Australia, the university endeavours to provide excellence in education for the professions and pastoral care for its students (UNDA, 2018b). According to the university strategic plan for 2018 to 2021, the four strategic goals are authentic Catholicity, excellence in academic endeavours, community engagement and responsible stewardship (UNDA, 2018b). Suggested strategies for attaining these goals include undertaking high-quality WIL; building strong and mutually beneficial relationships with industry partners; and developing professional skills and attributes that will empower students to realise their potential and serve the community through active participation, engagement and reflection (UNDA, 2018b). The ultimate goal of any education provider is to successfully meet the future workforce needs of industry; likewise, the study site aims to produce graduates who are able to provide safe, competent, compassionate, professional and quality nursing care (UNDA, 2018b).

The university aspires to instil in students the 10 graduate attributes by graduation (Appendix 1). BN students are expected to have achieved these attributes and demonstrate an ability to apply the knowledge and skills of professional nursing practice upon program completion. These attributes are described by the university Quality Management Office (2017) as qualities that transcend disciplinary or technical knowledge and expertise, and they have historically shaped the design of most academic curricula. A priority of the School of Nursing and Midwifery (SoNM) is to educate and prepare nurses to be global citizens, as socially conscious and ethical practitioners who are capable of attaining the graduate attributes (Quality Management Office, 2017), and to apply these attributes and the university objects to their professional skills, knowledge and attitudes in their nursing practice (UNDA, 2018b).

The university expects academic staff to support the development of these qualities in students and to assist them in understanding and implementing these attributes into their emerging professional practice. It is hoped that graduates will be recognised for professional attributes that set them apart or are beyond those expected of the discipline in which they study, and also enable them to connect and serve the community in which they live and work. Of particular relevance to professionalism in the BN program are the graduate attributes relating to communication, critical and reflective thinking, ethical responsibility, philosophical and religious approaches to life, teamwork and internationalisation (Quality Management Office, 2017). The NCAS is suitable to measure the clinical performance of the research site's undergraduate students on practicum, yet does not adequately provide assessment and opportunity for feedback on professional knowledge, skills and attitudes, nor provide the opportunity to measure attainment of the graduate attributes. The NCAS will now be discussed to explore these identified gaps.

1.4 Nursing Competency Assessment Schedule

A clinical assessment tool is used by a university to assess undergraduate nursing practice in the clinical setting. The tool must demonstrate reliability and validity in its assessment processes, and remain in place for the period of accreditation, according to the conditions of the ANMAC's (2017) accreditation of the BN program. The literature identifies a broad and varied selection of competency tools, many of which are contextually inadequate, as they do not provide assessment of the unique attributes the university aspires to instil in graduates. In WA, the NCAS (Crookes et al., 2010) is the only tool currently used, following consensual agreement among all BN course providers and mutual agreement among the WA University Deans of Schools of Nursing.

It has been agreed during the Council of Deans meetings (a national meeting of all Australian school of nursing deans/heads of department) and among professional practice coordinators that the priority is to streamline documentation of undergraduate competency assessment for ease of industry use from one education provider to another, with allowance for minor additions and changes to meet individual program requirements. While small differences in clinical assessment tools exist, the contents of the NCAS have remained relatively unchanged. The BN program uses a nationally recognised, valid and reliable clinical assessment document—the NCAS (Crookes et al., 2010). The NCAS assesses against eight employer competencies or skills deemed necessary for the new RN upon entry to practice.

A clinical facilitator (CF)—an experienced RN employed by the university—oversees the clinical placement for each student and is often responsible for review and completion of the NCAS, and for providing timely feedback at formative (ongoing) and summative (final) points during the clinical placement. The CF is the main point of contact for all staff working alongside the student, and a conduit between the healthcare facility and university. The CF is an experienced nurse, with at least five years of clinical experience, who is employed to effectively assess the competence of students in all stages of learning (Needham, McMurray, & Shaban, 2016). Levett-Jones and Bourgeois (2015) described assessment of undergraduate practice in the clinical setting as an essential component of the practicum experience, providing students the opportunity to receive timely feedback on their progress during the teaching and learning process.

The NCAS is used by the study site SoNM to assess undergraduate nursing practicum experiences, yet is limited in its ability to assess professional attitudes, skills and knowledge. The current NCAS does not include a competency that enables the

assessment of a student's professional conduct, attitudes, skills and knowledge during practicum. For this reason, the researcher chose to develop a professional practice competency—essentially creating an additional and similar assessment to complement and streamline with the competency assessments already present within the NCAS.

1.4.1 Current issues. The lack of a specific competency to assess professionalism in undergraduate nursing practice has been anecdotally acknowledged by academic peers through discussions at national and state clinical coordinator meetings, and with study site CFs working across healthcare sites in WA. As a result of the lack of a specific measure of professionalism in the NCAS, nursing staff may encounter difficulties in assessing and managing unprofessional conduct among undergraduate nursing students in the current time-poor work setting. The consequence for the student is a delay in receiving timely and constructive feedback in the context of the practicum setting, thereby negating the opportunity for the student to demonstrate improvement prior to failing or being required to repeat the practicum placement.

Students frequently express disappointment at the absence of contemporaneous feedback about perceived unprofessional conduct by supervising staff. This subsequent lost learning moment for the undergraduate nurse precludes the opportunity to respond and demonstrate improvement based on the feedback, and disrupts the aims of experiential learning during practicum and the student's ability to achieve course learning outcomes and university graduate attributes. The placement may be repeated in an alternate healthcare facility with different supervising staff having little or no knowledge of past difficulties, which ensures an unbiased assessment or 'fresh start'. However, this approach does not provide the contextual supervisor and facilitator support, nor enable development of rapport with the student, which is required to guide the change from the previously identified unprofessional practice to the expected level

of professional practice. A professional practice competency would provide an indication of the student's professional knowledge, skills and attitudes observed during clinical placement, and permit the RN or CF to provide formative and summative feedback in real time. This approach would support students to gain valuable and timely insight into their own developing professional role and the university and professional practice expectations, and allow adjustment and achievement of the competency.

The researcher's aim was to develop a professional practice competency in line with the university's strategic plan (UNDA, 2018b) and graduate attributes (Quality Management Office, 2017). The professional practice competency will assess the professional knowledge, skills, attitudes and conduct of undergraduate nursing students at formative and summative points during a practicum placement. This competency will assist in developing undergraduate practice that aligns with the professional expectations of safe, kind and compassionate nursing practice (NMBA, 2018a) and the strategies (UNDA, 2018b) and graduate attributes of the university (Quality Management Office, 2017).

1.5 Topic and Purpose

The purpose of this research was to develop a professional practice competency for undergraduate nurses enrolled in the BN program at the study site. The inclusion of a separate competency for the assessment of professionalism in practice during clinical practicum provides a holistic evaluation of students' clinical knowledge, skills, attitudes and progression towards achievement of the 10 graduate attributes. The competency supports the teaching and learning provided by the professional practice and academic educators in the SoNM to uphold this central quality in practice and subsequently contribute to the nursing profession.

1.6 Potential Significance

Anecdotal communication between the researcher and RNs supervising undergraduate nurses during practicum identified increasing issues with the lack of a specific measure or tool to assess professionalism in practice. Student knowledge, skills and attitudes in the application of professionalism to nursing practice are highly variable and subjectively assessed without a competency assessment. In addition, the management of unprofessional conduct in undergraduate nursing practice is time consuming and difficult because of the lack of clear measures of competence. Thus, the current study's competency will provide a comprehensive assessment of professional practice in the BN program by aligning with national expectations of the nursing profession and offering students the opportunity to gauge their progress towards achieving the graduate attributes relevant to their stage of learning. These graduates, among registered professional nurses, should seek to contribute to workplace cultures in which respectful and therapeutic relationships are valued and encouraged, thereby developing the nurses themselves and others to their fullest potential.

1.7 Research Questions

This research will answer the following questions:

- How do the Delphi participants perceive that professionalism should be expressed in an undergraduate clinical nursing competency?
- Do the CFs believe that the professional practice competency provides a framework for the assessment of professionalism during clinical placement?

1.8 Limitations

It is acknowledged that, in all mixed-methods research, some selected participants are able to articulate their views more effectively than others. Although the

sample size proposed for this study aligns with the depth required for mixed-methods research, it does not represent all expert nurses' or CFs' opinions (Keeney, Hasson, & McKenna, 2011). The researcher acknowledged the potential for insufficient numbers of participants and the inability to adequately recruit to the inclusion criteria of the expert Delphi panel; however, these issues did not eventuate during this study. This research was limited to the study site SoNM CFs and subsequently does not represent the WA CF population or the views of all CFs. Due to the scope of this research project the final draft professional practice competency was unable to be piloted with a student cohort in the clinical area and is acknowledged as a limitation of the study. The researcher acknowledges that education providers may offer postgraduate courses upon entry to nursing practice, which also use clinical assessment tools. Given that the study site does not currently offer a postgraduate entry to practice course, this was not part of this research. It is also recognised that the expectations and levels of competency for postgraduate entry to practice students would be assessed to a higher standard than those of undergraduate students.

1.9 Summary

This chapter has provided an overview of the research topic, background information and gaps in the current student assessment process that led to this research study. Both the research questions and limitations of the study were also discussed, along with the university objects and graduate attributes. Following this chapter, Chapter 2 will provide a comprehensive review of the literature related to student clinical practicum and the assessment of students within the context of nursing professionalism. Additionally, the currently available student assessment tools will be reviewed, as will best practice for competency development. Chapter 3 provides a detailed description of the research methodology, phases of data collection and analysis,

and principles adopted to ensure ethical practice in research. Chapter 4 describes the

process of data analysis and the findings from the two phases of the research. Chapter 5

compares the findings of the study with the literature explored in Chapter 2, identifying

collaborating data and new findings. The final chapter, Chapter 6, provides the study

conclusion, inclusive of the implications and recommendations for future use of the

professional practice competency.

Chapter 2: Literature Review

This literature review explores a representative core of the available literature on professionalism in nursing, with additional related literature reviewed from other healthcare disciplines. The literature is categorised under key headings, namely: professionalism in society, descriptions of nursing professionalism, governance of professionalism, assessment of undergraduate nursing practice, assessment of professionalism, Nursing Competency Assessment Schedule and competency development.

2.1 Professionalism in Society

The importance of professionalism has been described as a dynamic entity in healthcare (Levinson, Hafferty, Lucey, & Ginsburg, 2014), where the expectations of society are changing as both societies and cultures change (Cruess & Cruess, 2014). Further, Duphily (2014) asserted that constant elements of professionalism include a set of attitudes, skills, behaviours, attributes and values expected of those considered experts in a particular field by a particular society at a particular time and place. Professionalism has long been viewed as a structurally stabilising and morally protective force in society (Wynia, Latham, Kao, Berg, & Emanuel, 1999). More recently, professionalism has been described as a conduit through which a profession becomes worthy of the respect and trust of the public (Wynia, 2014). Professionalism plays an additional role in building trust and therapeutic relationships between patients and health professionals, such as nurses (Cruess & Cruess, 2014). In addition, the advancement of technology and medical knowledge, higher levels of professional accountability and responsibility, demands of cost containment and health priority of quality improvement all contribute to the evolution of and change to the understandings of professionalism (Lombarts, Plochg, Thompson, Arah, & Consortium, 2014).

2.2 Descriptions of Nursing Professionalism

There is general agreement in Australian healthcare that professionalism is a 'multidimensional construct' (Cuesta-Briand, Auret, Johnson, & Playford, 2014, p. 1; Goldie, 2012, p. 952). A plethora of descriptors—such as qualities, behaviours, attributes, values and standards—has long been used to denote the professional nurse (Collier, 2012; Cuesta-Briand et al., 2014). Professionalism is often understood in value-laden terms, such as a 'calling' or 'vocation'—especially for a profession that involves some branch of advanced learning or science and a commitment to lifelong learning and self-development (Collier, 2012).

Professionalism is viewed as a central precept in the healthcare disciplines, and is useful for assessment and subsequent improvement in the professionalism of nursing students and RNs (Goldie, 2012). Professionalism has been explored in terms of the competence and skills expected and required of professionals (Griffith, 2016). Kowalski (2016) asserted that professionalism in nursing 'begins in one's own family, is nurtured by the nursing education process, grows in the work setting, and develops into a career of working and growing as a nurse' (p. 159). Nursing is also a profession that embodies core values such as human dignity, integrity, autonomy, altruism and social justice, according to Fahrenwald et al. (2005); however, it may not be clear to undergraduate nurses exactly which behaviours represent professional nursing practice (Kowalski, 2016). Self-awareness, the ability to accept constructive criticism, resilience in the face of uncertainty, and maintenance of professional and therapeutic boundaries are described as commonly accepted behaviours of professional practitioners (Kearney, 2005; Kim-Godwing, Baek, & Wynd, 2010). Brennan and Monson (2014) concurred, postulating that development and maintenance of a therapeutic relationship between nurse and patient is crucial to achieving optimal patient outcomes.

Moreover, patients have identified the highly valued key elements of receiving good care from nursing staff as follows: taking time to be with a patient; allowing expression of emotion, kindness and warmth; and being genuine in interactions (Adamson & Dewar, 2015). Further, Kowalski (2016) identified the importance of personal and professional accountability in creating positive work environments. The literature highlights the importance of consumers being actively involved in their own healthcare, aided by clear communication and professional, caring and compassionate nursing care, with nurses able to advocate on the patient's behalf. These are key priorities for the current study's research site in achieving the graduate attributes (Adamson & Dewar, 2015; Fahrenwald et al., 2005). Further, the Australian Commission on Safety and Quality in Health Care (ACSQHC) supports these themes, and the development of the National Safety and Quality Health Service Standards (NSQHS) (Appendix 3) (ACSQHC, 2018b) provides a framework to achieve protection of the public from harm and to improve the quality of healthcare provision in all healthcare settings and for all people—particularly through 'Standard 2: Partnering with Consumers' (ACSQHC, 2018b).

Positive patient outcomes are also dependent on good communication between nurses, the interprofessional team and patients (Koivunen, Niemi, & Hupli, 2015; Kourkouta & Papathanasiou, 2014). This issue is addressed in the NSQHS 'Standard 6: Communicating for Safety' (ACSQHC, 2018b). Communication is a complex system of exchanging information with patients and families, and is a vital skill for professional nursing practice (Kourkouta & Papathanasiou, 2014). Burke, LeBlanc, and Henneman (2016) avowed the importance of communication in developing a connection with patients and their significant others to better assess, plan and advocate through high-quality and safe nursing care. Additionally, 'Standard 6: Communicating for Safety' and

'Standard 8: Recognising and Responding to Acute Deterioration' acknowledge the critical role communication plays in providing safe nursing care and recognising and responding to deterioration (ACSQHC, 2018b).

Compassionate care that maintains dignity and humanity is an expectation of patients and their families, and is a value that aligns closely with the graduate attributes and professional codes and standards of the nursing profession (Palos, 2014). An essential element of patient-centred care that relies on effective communication strategies is the creation of trust, based on cultural sensitivity and respect for patients and their unique identity (Burke et al., 2016; Moreland & Apker, 2016). The expectations of the nurse are described in terms of long-held values encompassing compassion and caring, blended with more recent inclusions, resulting in a comprehensive descriptor of the contemporary nurse (Pareek, Batra, & Kalia, 2016). Long-held values include meeting an agreed standard of practice; upholding expected behaviours and attitudes; and promoting human values, such as respect for dignity, personal integrity, protection of the patient and maintenance of privacy (Akhtar-Danesh et al., 2013; Fitz-Gerald, 2013). These values are juxtaposed with the care expected by the patient, the patient's family members, fellow health professionals, employers, registration authorities and society as a whole, and combine seamlessly with the study site university's objects and graduate attributes (Collier, 2012; Garman, Evans, Krause, & Anfossi, 2006; Hisar, Karadağ, & Kan, 2010; Kearney, 2005; Pinkerton, 2001).

2.3 Governance of Professionalism

The governance of professional relationships, communication and conduct in nursing are central to maintaining the professional status of nurses and provision of safe and quality nursing care to consumers of health (Boyd & Sheen, 2014; Levett-Jones, Reid-Searl, & Bourgeois, 2018; Russell, 2016; Steel, 2016). RNs in Australia must

comply with the NMBA's (2018a) *Code of Conduct for Nurses*, ICN's (2012) *Code of Ethics for Nurses* and NMBA's (2016) *Registered Nurse Standards for Practice*. RNs are expected to demonstrate patient-centred care in accordance with these nursing codes and standards and the Australian NSQHS (Boyd & Sheen, 2014), particularly when committing to perform the duties of nursing for an employer or during renewal of annual nursing registration with the AHPRA (2017). Nursing regulation is professionally informed and nationally regulated, ultimately serving to protect the public and contribute to quality healthcare provision by establishing an expected standard of RN practice (Benton, González-Jurado, & Beneit-Montesinos, 2013). The professional body regulating RN practice in Australia is the NMBA (2016), with the ANMAC (2017) responsible for education provider program accreditation. Eligibility for nursing registration requires a student to have completed an approved nursing degree accredited by ANMAC (2017) or an international nursing course that meets registration requirements as assessed by the NMBA, through the AHPRA (2017).

2.4 Assessment of Undergraduate Nursing Practice

Undergraduate clinical practice, otherwise referred to as clinical practicum or WIL, is defined as: 'The placement location in a healthcare facility where nursing students are allocated in order to achieve objectives, care for clients/patients and undertake assigned learning activities' (Levett-Jones & Bourgeois, 2015, p. 139). Clinical practicum provides students with an opportunity to engage in experiential learning. Kolb (1984) defined this as: 'The process whereby knowledge is created through transformation of experience' (p. 38). This process of learning through experience involves the active engagement of the learner in the process of learning, and is supported by reflection on practice. Assessment of students on clinical practicum

must consider the complexity of the clinical environment, the social environments that exist and the nature of learning provided through practice.

Undergraduate nursing practice is assessed by using clinical assessment tools accredited by the ANMAC for the BN course or nursing program offered by an education provider in Australia. In WA, the NCAS (Crookes et al., 2010) is the only tool currently used in the four WA universities offering a BN program. This decision followed consensual agreement among all BN program providers and mutual agreement among the WA university deans of nursing. The NCAS was developed in 2010 through collaborative research between five Australian universities, following a grant from the Australian Learning and Teaching Council Limited—an initiative of the Australian Government Department of Education, Employment and Workplace Relations (Crookes et al., 2010). The NCAS competencies were developed through consultation and focus groups undertaken with industry, academia and experts in the field. The eight competencies developed are regarded the essential clinical competencies or employer competencies for entry to practice nurses, and are subsequently appropriate for inclusion in the clinical assessment of undergraduate nursing students in clinical practice during progression through the BN degree (Crookes et al., 2010). The NCAS has been widely accepted and used for clinical assessment of undergraduate nursing practice in Australia since 2013. However, a gap in assessing the professional knowledge, skills, attitudes and graduate attributes of undergraduate nurses has been identified by the research site CFs and professional practice lecturers. This gap in the NCAS assessment has implications for students from the study site because of the site's unique Catholic ethos and aligned graduate attributes (Appendix 1). Without specific measurement of professionalism during undergraduate nursing education, it cannot be assured that

graduating nurses fully comprehend and apply the principles of professionalism and the university graduate attributes into their nursing practice (Norman, 2015).

2.5 Assessment of Professionalism

There are numerous professional assessment tools identified within the literature. These are reviewed within the international and Australian nursing context. Nursing professions in all countries are unique to the location's practice standards for reasons of health systems, philosophy and political ideologies. Therefore, direct transferability of an assessment tool in professionalism from a different nursing context is difficult. However, the researcher acknowledges the value of learning from past endeavours to gain insight and knowledge from others. Thus, the following section provides an outline of a number of international tools. Although not applicable to the Australian context, a review of these tools provided the researcher with a framework of language and assessment strategies. These were incorporated in the Delphi round, which is presented in Chapter 3.

The Behavioural Inventory for Professionalism in Nursing (BIPN) was developed in the United States by Miller, Adams, and Beck (1993). This evaluative behavioural inventory was based on Miller's Model, (1988) termed the 'Wheel of Professionalism in Nursing' (Figure 3), which has been translated and used in over 30 countries to assess professionalism in nursing against nine categories (Tanaka, Taketomi, Yonemitsu, & Kawamoto, 2014). Additionally, Miller et al. (1993) identified and combined professional behaviours in nursing from those previously depicted by sociologists, nurse leaders, the American Nurses Association (ANA) policy statement, standards of practice and the ANA Code of Ethics for Nurses (Miller et al., 1993; Tanaka et al., 2014). The model is referred to as the 'wheel of professionalism', and

represents the majority of core themes of professional practice; however, it does not incorporate the Catholic ethos and graduate attributes specific to the study site.
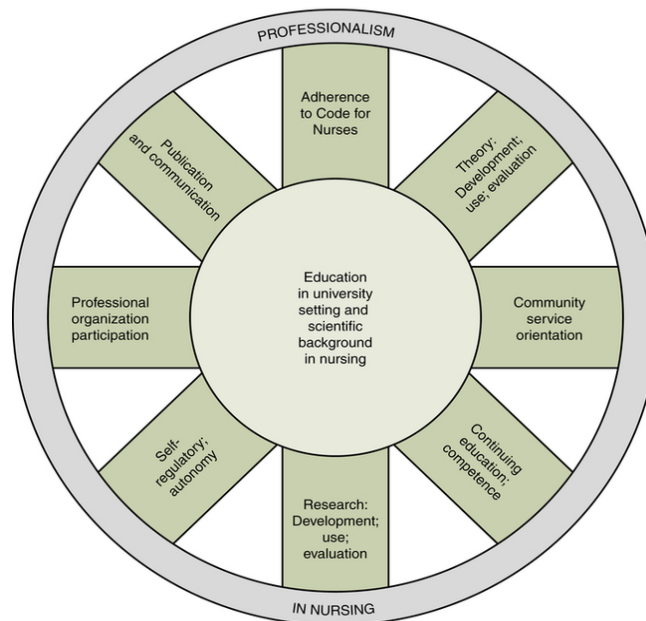
Figure 2. Wheel of Professionalism in Nursing. Source: Miller (1988).

Miller's Wheel of Professionalism (1988) (Figure 2) and subsequent BIPN have been adapted by various authors to suit local contexts (Adams, Miller, & Beck, 1996; Miller et al., 1993). The BIPN assesses against nine categories, as follows: education preparation (a central component on the wheel), competence and continuing education, research, theory, self-regulation and autonomy, participation in professional organisations, publication and communication, adherence to the ANA code of ethics, and community service (Miller et al., 1993). Researchers Hisar et al. (2010) modified the BIPN for assessment of nursing students in Turkey. Although this proved an effective measurement of professional attitudes, other factors that constitute the construct of professionalism—such as communication, socialisation, values and attributes—were not assessed. Further, Tanaka, Yonemitsu, and Kawamoto (2014) used a Japanese version of Miller's BIPN, based on the wheel of professionalism (Adams et al., 1996; Miller et al., 1993). Tanaka et al. (2014) acknowledged the international

credibility, reliability and validity of Miller's work, yet described significant differences relating to the lack of progress in Japanese nursing professionalism, culture and laws affecting nursing autonomy. The absence of a measurement tool able to assess professional nursing behaviour in Japan was identified, despite the availability of a variety of international nursing clinical assessment tools (Tanaka et al., 2014). This result highlights the difficulty in transferring clinical assessment tools for professional assessment into a local context. Another example of an international tool for measuring professional is the Nurses Professional Values Scale—Revised (NPVS-R). This 26-item Likert scale format instrument developed from the ANA *Code of Ethics for Nurses* assesses the professional values of nurses (Weis & Schank, 2009). The NPVS-R assesses against categories such as caring, activism, trust, professionalism and justice, and is recognised as a sound instrument for measuring professional nurses' values; however, it does not adequately relate to assessment of the required Catholic ethos and graduate attributes.

Meta-analysis of the international literature and further research by Lombarts et al. (2014) outlined the development of a reliable and valid tool to measure medical and nursing staff's commitment to professionalism, based on the physicians' charter, medical code of conduct and nursing code of ethics, with some criteria broadly based on the NPVS-R (Lombarts et al., 2014; Weis & Schank, 2009). The study surveyed 2,960 doctors and 2,960 nurses from 74 hospitals across Europe, investigating levels of professionalism. Lombarts et al. (2014) advised that if the 'professionalism instrument' was to be used by individual European countries in the future, further contextualisation prior to use may be required (Lombarts et al., 2014, p. 2).

Yang et al. (2013) developed a core competency model for Chinese baccalaureate nursing graduates. The final instrument comprised six dimensions with 47

items. The core competencies were professionalism, direct care, support and communication, application of professional knowledge, personal traits, and critical thinking and innovation. The study provided evidence for a psychometrically sound assessment tool, yet this model was contextually based and applicable only to the university program of study for which it was developed.

The University of Chester (2013) developed a professional integrity rubric (Figure 3) for use by the Faculty of Health and Social Care to assess student professionalism in workplace placements. The rubric contained many of the elements deemed essential for assessment of undergraduate nursing at the research site; however, the criteria did not measure all components of the graduate attributes and were not contextually appropriate in assessing to the required standards of Australian nursing. The University of Chester's Faculty of Health and Social Care was contacted by the current study in 2014 to confirm the possibility of trialling a modified version of the rubric (A. McIntosh-Scott, personal communication, March 27, 2014). Permission was granted by Professor Annette McIntosh-Scott, Executive Dean, Faculty of Health and Social Care, University of Chester, to adapt the criteria to meet Australian standards of practice, as long as the University of Chester was acknowledged in any material in which it was used. The principal author of the NCAS provided permission for the rubric to be trialled within the clinical assessment booklet, as long as it was situated outside of the NCAS content and clearly identified as being separate from the NCAS content (R. Brown, personal communication, June 11, 2014 and November 1, 2016). In 2014, permission was granted during a meeting on campus at the research site, to assist lecturers in mapping clinical competencies and navigating the location of the rubric within the booklet containing the NCAS.

| | A tick in the grey area would indicate a fail | | Should have ticks in the white areas to indicate a pass | | |

Year 1

Professional awareness/ behaviour	Behaves in a manner that would bring the profession into disrepute - refer to tutor.	Lacks awareness of the concept of professionalism.	Professional rapport frequently affected by overfamiliarity.	Aware of professionalism but occasionally overfamiliar with clients/colleagues.	Always acts professionally.
Team working	Creates disharmony amongst colleagues.	Appears to have difficulty working with others.	Demonstrates some inhibitions when working with others.	Generally works well with colleagues.	Works exceptionally well with other colleagues.
Listening	Fails to respond to verbal and non-verbal information.	Demonstrates limited listening skills.	Listens well, but shows limited response to non-verbal cues.	Uses effective listening. Responds well to non-verbal cues.	Demonstrates remarkable listening skills.
Motivation	Appears to lack interest and motivation.	Is often inappropriately overenthusiastic.	Shows interest but displays a negative attitude at times.	Appears interested and usually displays enthusiasm.	Approach is one of interest and genuine enthusiasm.
Initiative	Often uses initiative inappropriately not recognising own limitations.	Appears to lack initiative.	Often uses initiative but sometimes inappropriately.	Usually uses initiative appropriately recognising own limitations.	Consistently uses initiative appropriately whilst recognising own limitations.
Timekeeping/ management	Unpunctual. Always or frequently forgets to phone in.	Occasionally late. Usually phones in.	Usually on time. Phones in if about to be late/absent.	Rarely late. Manages time appropriately..	Always on time. Manages time appropriately and well.

Figure 3. Professional integrity rubric. Source: The University of Chester (2013).

On further review, it was determined by the study site that any contextualisation of the above-mentioned international tools and models to the requirements of the study site would entail major adaptation to assess practice against Australian nursing codes and standards and the study site graduate attributes. Therefore, further work on the project was postponed for further investigation.

In the Australian context, the Amalgamated Student Assessment in Practice (ASAP) tool (Zasadny & Bull, 2015) was developed in Tasmania based on the ASAP model (Figure 4). This tool was trialled in acute care settings in both private and public hospitals with final year nursing students, assessing all components of clinical practice in undergraduate nursing in accordance with national accreditation guidelines and RN standards for practice (Zasadny & Bull, 2015). While this tool is recognised in the literature as being valid and reliable in its assessment of undergraduate clinical practice, it does not assess the research site's graduate attributes.
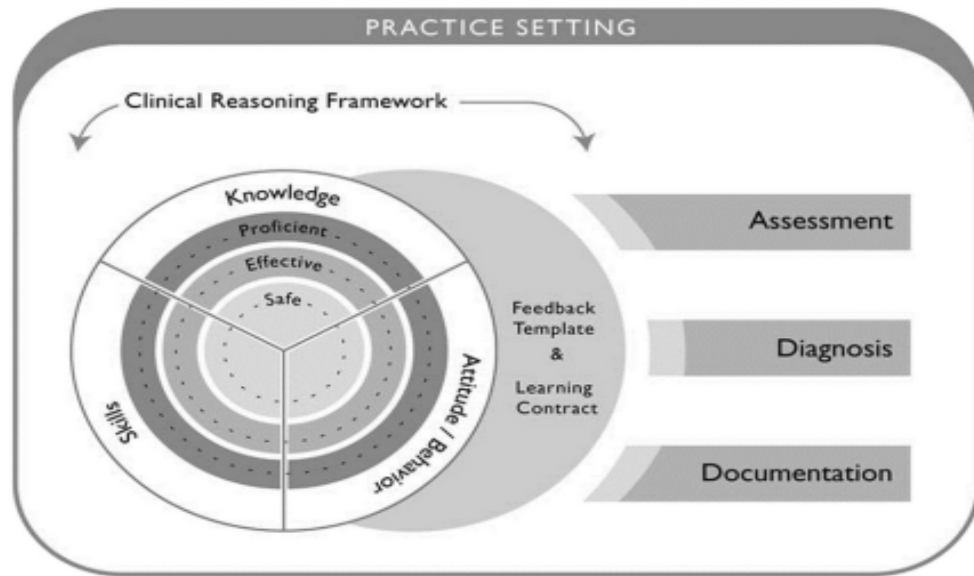
Figure 4. ASAP model. Source: Zasadny and Bull (2015).

One of the more commonly used clinical assessment tools in Australia is the Australian Nursing Standards Assessment Tool (ANSAT) (Ossenberg, Henderson, & Dalton, 2016). The ANSAT (Appendix 4) is a standardised assessment document designed to determine performance in the clinical environment, with a particular focus on developing and supporting students to shape performance behaviours (Ossenberg et al., 2016). The ANSAT assesses against expected behaviours and practices with a rating scale of 1 to 5, with 5 indicating an excellent standard and 1 indicating 'not performing to expected' standard (Ossenberg et al., 2016). The ANSAT is a reliable and valid tool that meets the accreditation requirements and contextual needs of Australian undergraduate nursing practice (Henderson, Ossenberg, & Dalton, 2016). Nonetheless, it is designed to assess professional practice and clinical competence in totality, rather than being a tool that can be adapted or used in part. Thus, it is unable to complement the current NCAS, which is required to comply with current accreditation of the BN program at the study site and the WA agreement between deans to use the NCAS.

2.6 Nursing Competency Assessment Schedule

The NCAS was developed in 2010 through collaborative research between five Australian universities, following a grant from the Australian Learning and Teaching Council Limited—an initiative of the Australian Government Department of Education, Employment and Workplace Relations (Crookes et al., 2010). The NCAS competencies have been agreed upon, through consultation with industry, as being essential clinical competencies or employer competencies for new RNs (Crookes et al., 2010). The NCAS has been widely accepted and used in clinical assessment of undergraduate nursing practice in Australia since 2013. However, a gap has been identified in its ability to measure knowledge and attitudes associated with professionalism. The NCAS assesses the level of competence in eight clinical skills deemed essential for entry to practice RNs, assessed using the Bondy (1983) scale, as identified in Figure 5. The Bondy scale provides the assessor with a range of five competency levels to assess the student, ranging from independent or safe and knowledgeable, to marginal and dependent, referring to concerns about unsafe practice (Bondy, 1983). Additionally, the NCAS assesses overall clinical performance at a formative and summative point using the NMBA regulatory/statutory standards of practice for the RN as a core assessment, with the same Bondy scale applied (Crookes et al., 2010). Each assessment is followed by RN supervisor feedback and an opportunity for student reflection and discussion with the CF.

Scale label	Professional Standard	Quality of clinical performance	Assistance
1 Independent	Safe Outcome achieved Appropriate behaviour	Confident, proficient Appropriate time Accurate knowledge	Without supportive cues
2 Supervised	Safe Outcome achieved Behaviour mostly appropriate	Confident, efficient Reasonable time Occasional knowledge prompting	Occasional supportive cues
3 Assisted	Safe Outcome mostly achieved Behaviour generally appropriate	Skilful in some aspects, inefficient in others Delayed time Requires some explanation	Regular directive cues in addition to supportive cues
4 Marginal	Safe only with guidance Outcome incomplete achieved Behaviour generally appropriate	Unskilled, inefficient Prolonged time Continual knowledge prompt	Frequent directive cues
5 Dependent	Unsafe Outcome not achieved Behaviour inappropriate	Lacks confidence, efficiency Unable to complete Very limited knowledge	Continual verbal & physical directive cues

Figure 5. Bondy scale. Source: Bondy (1983).

The clinical skills requiring assessment within the NCAS include the following:

- initial and ongoing nursing assessment of a client/patient

- caring for a client/patient requiring wound management

- managing medication administration

- managing the care of a client/patient

- managing the care of a group of clients/patients

- monitoring and responding to changes in a patient's/client's condition

- teaching a client/patient

- teaching a colleague (Crookes et al., 2010).

It is acknowledged that the NCAS clinical competency assessments measure elements of professional practice; however, they do not address professional knowledge, skills and attitudes outside of the context of a particular skill. The NCAS clinical skills assessments and regulatory/statutory assessments ensure that students practice in accordance with the seven RN standards for practice, yet do not provide opportunity to assess competency or progress towards achievement of the university graduate attributes or specific knowledge, skills and attitudes of professional nursing

practice. Following graduation, RNs are expected to understand and apply the concept of professionalism to their nursing practice (Norman, 2015). However, without a formal measure of professionalism throughout undergraduate practicum experiences, professionalism may not be understood, valued and applied to practice by new RNs.

2.7 Competency Development

One of the most commonly described frameworks underpinning competency development is Bloom et al.'s (1956) 'knowledge, skills, attitudes' (KSA) approach. Bloom et al.'s (1956) Taxonomy of Learning Domains identified three types of learning: cognitive skills or knowledge, affective skills or attitude, and physical or psychomotor skills—referred to overall as 'skills'. The clinical placement provides a place for nursing students to engage in all three domains and develop confidence in their practice. However, while both knowledge and skills can be measured through questioning and observation of practice, Bloom noted that the assessment of attitude is more complex and subjective, as articulated in Figure 6.
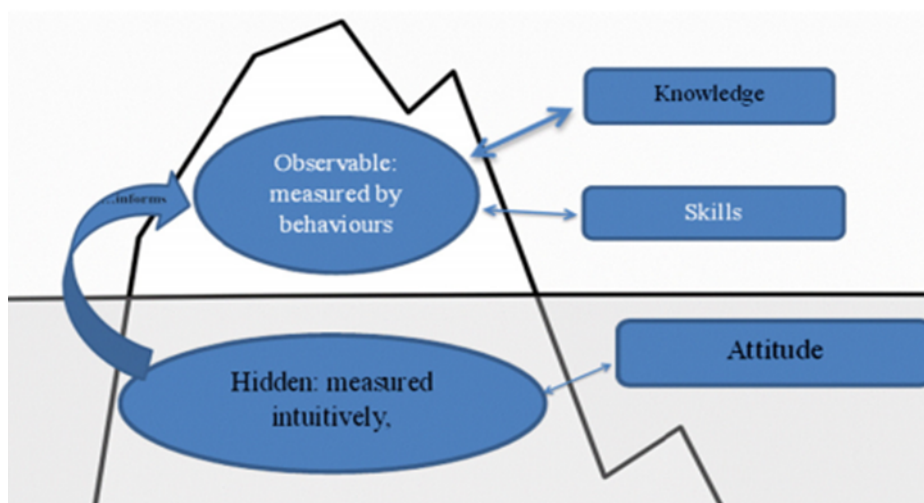
Figure 6. Bloom's taxonomy: observable and intuitive domains. Source: Bloom et al. (1956) and Doyle, Hungerford, and Cruickshank (2014).

To assist in determining a learner's level of knowledge, skills and attitude, Bloom et al., (1956) provided a number of increments within each category to indicate depth of understanding and application. In particular, Bloom's domain of knowledge is used to assess a student's ability to apply information to a given context. This ranges from knowledge to creating, as outlined in Figure 7.
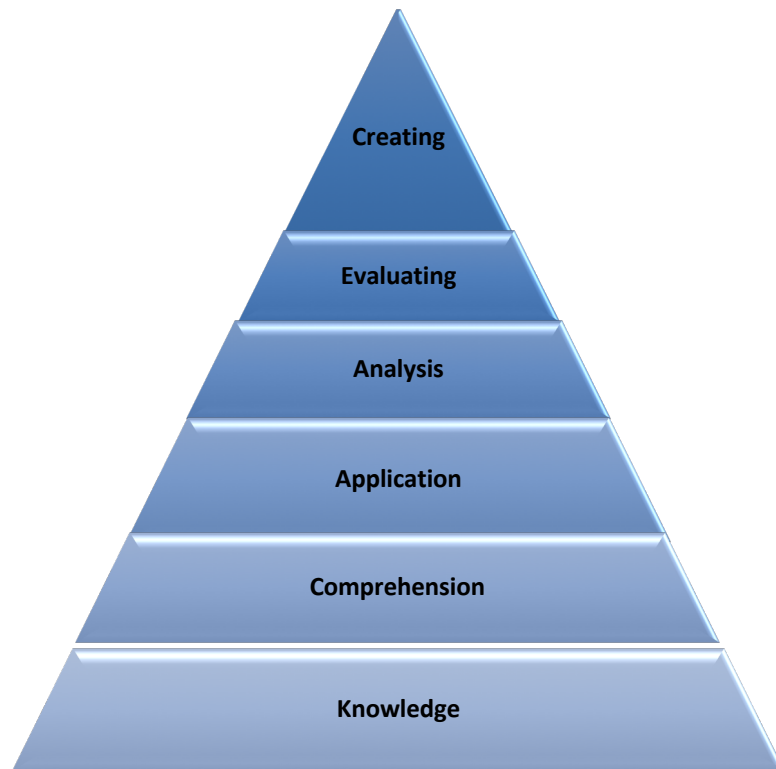
Figure 7. Revised Bloom's taxonomy. Source: Anderson and Bloom (2001).

The academic staff responsible for the placement of students—the professional practice course lecturers—require nursing students to undertake deeper levels of learning during practicum, thereby developing knowledge, skills and attitudes at higher levels of cognitive thinking. This is assessed using the Bondy criterion in the NCAS (Anderson, 2014; Bondy, 1983; Crookes et al., 2010). However, it is acknowledged that this process requires development of lower-level cognitive skills to build the capability to demonstrate deeper cognitive processing, such as application, analysis, evaluation

and creation (Figure 6) (Anderson & Bloom, 2001). Therefore, students develop their knowledge, skills and attitude over six semesters of study, while also experiencing more clinically demanding and acute care placements to extend their learning and practice.

Competence was further described by Zasadny and Bull (2015) as the ability to integrate into scope and apply to practice the expected knowledge, skills, judgement, behaviours and attitudes in a safe and ethical manner, contextually appropriate to the clinical setting. These descriptions of competence were similarly supported by Russell (2013) as the essential knowledge, skills and attitudes required for effective performance, and by Levett-Jones et al. (2018) as the combination of skills, knowledge, attitudes, values and abilities underpinning a student's performance in the clinical area. Albanese, Mejicano, Mullan, Kokotailo, and Gruppen (2008) described competency as:

- a focus on performance of the end-product

- a reflection of the expectations that are external to the immediate instructional program

- expressible in terms of measurable behaviour

- using a standard for judging competence that is not dependent on the performance of other learners

- informing learners, as well as other stakeholders, about what is expected of them (p. 248).

In recent years, there has been considerable interest in the development of competencies in multidisciplinary health professions; however, there is potential to over-complicate criteria when developing competencies that focus on teachable and observable skills, such as attitudes and behaviours (Gruppen, Mangrulkar, & Kolars, 2012). As previously stated, competence in WA undergraduate nursing practice is evaluated using the NCAS, which provides a format to assess skills at different levels as

the student progresses in the BN program, demonstrating improvement in knowledge, skills, attitudes and higher-level thinking when undertaking nursing practice (Bondy, 1983; Cutcliffe & Sloan, 2014).

The use of the Bondy scale to assess students' knowledge, skills and attitudes at different stages of the BN program aligns with Bloom's taxonomy of educational objectives (Bloom et al., 1956; Cutcliffe & Sloan, 2014), which has been updated and revised to remember, understand, apply, analyse, evaluate, synthesise and create (Krathwohl, 2002). Bloom's taxonomy provides a cogent competency framework to assess skills at different levels or abilities, in the same way that knowledge and skills have been edified and developed during the BN program (Cutcliffe & Sloan, 2014).

Lower-order thinking skills, such as knowledge/remembering and comprehension/understanding, are required to support the development of higher-level thinking skills, such as application, analysis, synthesis/evaluation and creation (Figure 7) (Bloom et al., 1956; Cutcliffe & Sloan, 2014; Krathwohl, 2002). Higher-level-thinking terminology is an important consideration in the development of professional practice competency criteria to support the existing clinical competencies in the NCAS that assess the expected competency levels of a beginning registered practitioner (Crookes et al., 2010; Cutcliffe & Sloan, 2014). These terms provide context of learning to describe the beginning practitioner competency expectations of the BN program, Australian standards of practice, and future employers by encouraging students early in their stages of learning to strive to meet the expected standards of competence in the clinical setting using the NCAS (Crookes et al., 2010). The literature describes the importance of ensuring the involvement of experienced clinicians to develop key areas of competence, and that end-users of the proposed competency are involved in its review and content validity estimation (Gonczi, 2013; Purvis, Zupanc, VanDenBergh,

& Martin, 2015). Further, Gonczi (2013) identified the importance of developing a competency that incorporates assessment of knowledge, reasoning capacity and judgements within varying contexts of the health system. Competency-based education frameworks provide a way to design and incorporate education and assessment that focus on the desired performance qualities of healthcare practitioners (Gruppen et al., 2016).

2.8 Chapter Summary

The literature review presented in this chapter has explored a representative core of the available literature on professionalism in nursing. This review encompassed the topics of professionalism in society, descriptions of nursing professionalism, governance of professionalism, assessment of undergraduate nursing practice, assessment of professionalism, NCAS and competency development. Following on from this review, Chapter 3 will provide the research framework and phases of the research study to develop the professional practice competency.

Chapter 3: Methodology

3.1 Introduction

The previous chapters described the introduction and background to this research project, including the context in which this project was undertaken. They provided the research questions and relevant literature review. This chapter describes the methodology or framework of the research and its design that was used for the development, review and validity testing of the professional practice competency. This chapter also discusses the data analysis strategies employed in the two research phases, supported by the use of appropriate literature from Chapter 2.

The first part of this chapter explains the research context and the researcher's methodological approach to the study and reasons for selecting this methodology. This includes a review of the literature relating to the theoretical framework and philosophical underpinnings supporting the researcher's use of exploratory mixed methods in a two-phase study.

3.2 Theoretical Framework

The theoretical framework and philosophical underpinnings of this study derive from Creswell's (2014) pragmatic worldview: 'arising out of actions, situations, consequences and what works' (p. 10). Pragmatism is a philosophical tradition that promotes the development of theory directly from practice, being extracted from and applied back to practice in an iterative process (Christ, 2013; Creswell, 2014). In relation to the present study, the problem was not clearly defined, as there was a lack of understanding around the assessment of professionalism in undergraduate nursing practice in the context of a BN program delivered in an Australian private Catholic university. This impeded effective assessment of undergraduate competency in the clinical area and achievement of the expected course outcomes and graduate attributes

of the BN program. This paradigm allowed the researcher flexibility to draw liberally from quantitative and qualitative suppositions, and to select methods, techniques and procedures that best met the research requirements (Creswell, 2014) Tashakkori and Teddlie (2010) asserted that mixed methodologists present an alternative to quantitative and qualitative methods, and use either or both methodologies to answer the research questions. In essence, this approach enhances understanding of the problem, as well as the credibility of the study, through triangulation of data. In the current study, this approach also allowed use of different consensus-gathering methods and validity and reliability estimates, examined within the social context of healthcare and, specifically, undergraduate nursing practice (Fives & DiDonato-Barnes, 2013; Newman, Lim, & Pineda, 2013; Schneider, Whitehead, Lobiondo-Wood, & Haber, 2016).

3.3 Mixed-method Research

Mixed-method research was described by Creswell (2014) as the use of traditional research methods—quantitative and qualitative research—integrated in a manner supported by the 'philosophical assumptions and theoretical framework' (p. 4) of the study. Mixed-method research is recognised in its own right as a third research approach, methodology or paradigm, described as the collection and analysis of qualitative and quantitative data, integration of findings and development of inferences within a single study (Creswell, 2014; Schneider et al., 2016; Tashakkori & Teddlie, 2010). The current research used an exploratory sequential mixed-method (Figure 8) design for this study, complying with the philosophical underpinnings of a pragmatic worldview, thereby allowing practical application of the research approach (Creswell, 2014, 2015). Mixed-method research is widely accepted and used in contemporary nursing research, and the growing availability of journals and texts to support researchers in its use has been noted in the literature (Schneider et al., 2016).

Figure 8. Creswell exploratory sequential design (Creswell, 2014).

3.3.1 Qualitative research. Qualitative research 'is an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem' (Creswell, 2014, p. 4). Data collection may occur in the participant's setting and is emergent and inductive dependent on these responses, often informing the development of subsequent questions, following researcher analysis and interpretation (Creswell, 2014).

3.3.2 Quantitative research. Quantitative research is an 'approach for testing objective theories by examining the relationships among variables' (Creswell, 2014, p. 4). Quantitative research theory involves a prediction or hypothesis for what the researcher expects to find and, through examination or testing of the dependent and independent variables, may prove or disprove this hypothesis (Creswell, 2014). The data produced by quantitative research are nominal and are descriptively reported, following analysis and reporting of statistical significance testing by way of standard deviations and means, using such tests as t-test, chi-square, analysis of covariance or variance, Pearson product moment correlation and multiple regression (Creswell, 2014).

The data generation cycle (Figure 9) displays the integration of qualitative and quantitative data collection and analysis in this study.

Phase 1	•Qualitative data: Delphi panel (16 expert nurses) for the development of the professional practice competency
Data analysis	•Thematic analysis of Delphi data to assist competency development •Face validity of developed competency by Delphi panel using thematic analysis
Phase 2	•Quantitative data: table of specifications survey (CFs, *n* = 58) •Content validity of developed competency through descriptive data analysis

Figure 9. Data generation cycle.

3.3.3 Triangulation. Triangulation was first used in qualitative research in the

1970s by United States sociologist, Norman Denzin (Braun & Clarke, 2013), and

continues to serve as a process to examine the phenomenon being investigated (Denzin,

2012). Triangulation is the use of multiple data sources to provide confirmation and

increase confidence in study findings, thereby providing a more comprehensive and

contextual interpretation of data (Creswell, 2014; Polit & Beck, 2014; Schneider et al.,

2016) and overcoming any bias that may exist in single method, theory or observer

studies (Polit & Beck, 2014). The researcher employed method triangulation and theory

triangulation for this Master of Nursing study because of the complexity involved in

determining undergraduate nurses' knowledge, skills and attitudes of professionalism.

However, it is acknowledged that other methods of triangulation exist, such as data

triangulation (the use of a variety of data sources during the study) (Schneider et al.,

2016) and investigator triangulation (the use of several different researchers) (Polit &

Beck, 2014; Schneider et al., 2016). Schneider et al. (2016) reported an additional

triangulation method—multidisciplinary triangulation, where interprofessional disciplines inform the process. Given that the current study was supervised by two research supervisors and was merely seeking to investigate opinions about undergraduate nursing professional assessment from the research site, these strategies of triangulation were not employed. Method triangulation and theory triangulation were used in this study and are discussed in detail in the following paragraph.

  3.3.3.1 Method triangulation. Method triangulation is the combination of two or more data collection strategies that relate to the same topic of investigation and are strategically planned prior to commencement of research to ensure all the requirements of both research methods are met (Schneider et al., 2016). Method triangulation can be described as either 'across methods', whereby a combination of qualitative and quantitative data collection strategies are used, or 'within methods', whereby two or more data collection strategies are used; however, there is no mixing of quantitative and qualitative data collection techniques (Bekhet & Zauszniewski, 2012, p. 40).

  This study used two forms of data collection from different methodologies, previously described by Bekhet and Zauszniewski (2012) as across methods. Delphi panel qualitative data collection during Phase 1 informed the development of the quantitative data collection instrument—the table of specifications (ToS)—in Phase 2, which subsequently informed the conclusion of the study (Schneider et al., 2016). Validation of qualitative research findings occurs during the process of following the steps of the research process and complying with the philosophical underpinnings and paradigms of the research design (Figure 8) (Creswell, 2014). Method triangulation necessitates careful planning and construction of research, allowing one method to inform the other, and thereby enabling validation of inferences and conclusions,

strengthening stated outcomes and offering richness and fullness of data (Braun & Clarke, 2013; Polit & Beck, 2014; Schneider et al., 2016).

      3.3.3.2 Theory triangulation. Theory triangulation incorporates the use of multiple perspectives or theoretical approaches to interpret a dataset (Schneider et al., 2016), with the goal of conducting the study through multiple lenses that may support or refute findings (Thurmond, 2001). Triangulation was assisted by the Delphi panel qualitative data in Phase 1, with the researcher using thematic analysis (Braun & Clarke, 2006) to analyse and interpret data sequentially, thereby informing the development of the criteria used for the quantitative dataset in Phase 2, which produced descriptive statistics (Schneider et al., 2016) following data input into the ToS and subsequent SurveyMonkey survey.

      The use of a two-phase exploratory sequential design (Creswell, 2015) mixed-methods study provided data from different sources, collected using alternate processes and analysed in different ways to allow triangulation of methods and to generate a richer and more comprehensive representation of the findings (Braun & Clarke, 2013; Schneider et al., 2016).

3.4 Research Techniques

      This section describes the two-phase study exploring the opinions of a Delphi panel during Phase 1, which subsequently provided face validity for the established criteria and development of a professional practice competency. Phase 2 used a ToS methodology to survey CFs about the ability of the developed criteria to measure professional practice in undergraduate nurses, thereby providing content validity estimation of the competency criteria through SurveyMonkey.

      3.4.1 Delphi panel. The Delphi method was used for the qualitative phase of this study. The Delphi method was developed in 1953 by the Rand Corporation in

California as a technique for forecasting potential key nuclear targets (De Villiers, De Villiers, & Kent, 2005; Foth et al., 2016). The original version of this method was named after a Greek oracle from the island of Delphi, who was believed to accurately predict the future (De Villiers et al., 2005; Hasson, Keeney, & McKenna, 2000). This method is now referred to as the conventional method or classical Delphi (Foth et al., 2016; Kezar & Maxey, 2014). This commonly used formal consensus development method offers a structured, transparent and replicable way of synthesising and collating individual expert opinion (Harvey & Holmes, 2012; McMillan, King, & Tully, 2016). Foth et al. (2016) reported that Delphi is a popular method of data collection used to develop competencies, curriculum and assessment tools in nursing, and is widely used in health research (Keeney et al., 2011). In acknowledging the literature presented, the current study's research design used a Delphi panel in Phase 1 to develop and refine competency criteria, avoiding over-complication and generation of excessive competency criteria through using a homogenous sample of expert nurses familiar with the study subject. The Delphi method, described as a multi-staged survey, has been extensively used in health research to obtain consensus on an important issue when little evidence exists on a specific topic or subject (Keeney et al., 2011; McMillan et al., 2016). In their review of the literature describing consensus group methods, Foth et al. (2016) found that 89 of 101 studies used the Delphi method. Therefore, the method is a well-recognised methodology used in business, social sciences, health research and nursing education. The iterative group process allows for anonymous participation by a purposive sample of experts (Graham, Regehr, & Wright, 2003).

Transparency of process is fundamental to the Delphi technique, as few studies provide the original number of participants and response rates in subsequent rounds. Further, descriptions of expert panellists and inclusion criteria for those panellists are

often not provided. Foth et al. (2016) asserted that readers cannot make an informed judgement about the quality of the expert panellists without additional information. The current researcher has provided clear inclusion criteria for all participants of the Delphi panel and reported the retained number of panellists through each round within the data analysis section of this chapter. The Delphi method was the most appropriate methodology for Phase 1 of this study because it harnessed expert opinions from nursing professionals in direct contact with the research site undergraduate nurses, who represented collective expert and tacit knowledge (Foth et al., 2016). Delphi panellists contributed contemporary knowledge and unique perspectives on professionalism in the discipline of nursing and in application to undergraduate nursing practice at the research site, thereby enabling the study to have a high degree of rigour (Foth et al., 2016).

The Delphi panel provided face validity for the professional practice competency assessment criteria over four iterative and generative rounds of data collection. Norman and Streiner (2008) discussed the requirement for statistically accurate procedures to refine a measurement instrument whose content is based on clinical acumen, contextual practicality and theory, such as professional undergraduate nursing practice. A seminal work by Messick (1975) argued that there is a need to be concerned not only with content, but also with the social values inherent in the use of testing results, and this was more recently supported by authors such as Brink and Louw (2012). Other seminal work in this area by Mosier (1947) described the characteristics of face validity through meanings such as validity by assumption, validity by definition, validity by appearance and reality of validity. More recently, face validity has been described as a process that results in describing findings that 'look and feel right on the surface' (Royal, 2016, p. 1026). The appearance of validity implies that a measure or competency to be used in a clinical context should, in addition to having pragmatic or

statistical validity, be relevant and related to the purpose of the test and should 'appear'

and 'be' valid and practical (Brink & Louw, 2012; Mosier, 1947, p. 192). This

description assumes that face validity is not validity in the usual sense of the word, but

is merely an additional attribute of the test, being highly beneficial in developing

pragmatic solutions to a concept or problem (Belone et al., 2016; Mosier, 1947). The

researcher is mindful of alternate opinions in the literature that appearance or estimation

of validity does not constitute scientific evidence (Royal, 2016); however, in using the

Delphi method to establish face validity, member checking upon completion of each

iterative round determined the accuracy of the data generated through thematic analysis

by the researcher (Creswell, 2014). In keeping with the previous literature findings, the

researcher ensured procedural rigour and process were adhered to during data collection

and analysis of the findings. Phase 2—content validity with CFs—enabled triangulation

of data and validity of the proposed professional practice competency in the context of a

BN program delivered at a private Catholic university in WA (Creswell, 2014;

Schneider et al., 2016).

3.4.2 Table of specifications. Phase 2 provided content validity of the proposed

competency through use of a Table of Specifications (ToS) methodology (Jarjoura &

Brennan, 1982; Kolen & Jarjoura, 1984; Newman et al., 2013; Notar, Zuelke, Wilson,

& Yunker, 2004). A ToS, sometimes called a test blueprint, is a table that aligns the

course objectives, instruction and assessment (DiDonato-Barnes, Fives, & Krause,

2014), and is used to provide accountability of teacher-made tests in the education

setting (Notar et al., 2004). A ToS is characterised by comparison of observed and

expected assessment criteria (Jarjoura & Brennan, 1982; Kolen & Jarjoura, 1984) and

the ability of these assessment criteria to consistently measure or test to the degree they

were designed to measure (DiDonato-Barnes et al., 2014; Kolen & Jarjoura, 1984).

The purpose of estimating the validity of the professional practice competency or to ensure it can measure what it was designed to measure adds rigour to the study and ensures practical application of the assessment criteria in assessing undergraduate nursing professional practice. In the current study, the SoNM CFs ($n = 150$) were asked to rate the ability of the developed criteria to effectively measure professional practice among the research site undergraduate nurses, aligning the developed criteria with the clinical assessment instrument currently used in the NCAS. The ToS provided a blueprint or matrix, as the developed competency instrument in this case, and subsequently embedded criteria established in Phase 1 (Newman et al., 2013). The ToS was constructed from the template of the NCAS clinical performance assessment or regulatory/statutory assessment, which added rigour to the instrument because it had already been validated through research (Crookes et al., 2010). A Likert scale was used to collect the CFs' opinions regarding how well the criteria measured professional practice among undergraduate nursing students from the research site.

Content validity supports the development of new empirical measuring strategies, such as the professional practice competency, which could be described as a beginning instrument for relating intangible concepts with observable and measurable values or indicators (Schneider et al., 2016; Wynd, 2003). Content validity was established by using the ToS findings to demonstrate that the criteria were an accepted measure of undergraduate professional practice. These findings were represented empirically following analysis of Likert ratings from CFs (Beckstead, 2009; Morse, Niehaus, Wolfe, & Wilkins, 2006). The research site's CFs contributed contemporary knowledge and perspectives from a common world that exists in assessing professional practice in the discipline of undergraduate nursing education. The CFs, as the end-users,

were employed and educated by the research site and were subsequently familiar with assessing the research site undergraduate nursing students in the clinical setting.

3.5 Research Design

An exploratory sequential mixed-methods design was used to undertake the research (Creswell, 2014). This design (see Figure 10) indicated the timing of the phases, with collection and analysis of the qualitative data (Phase 1) occurring before collection and analysis of the quantitative data (Phase 2).
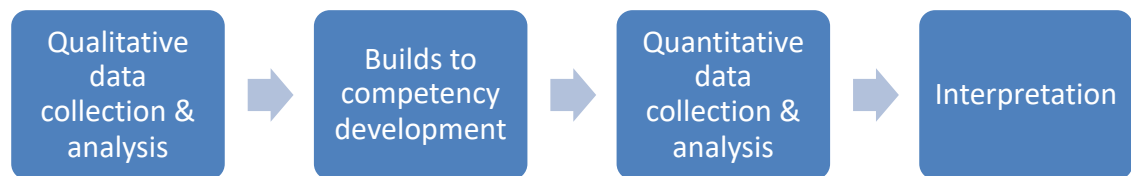
Figure 10. Exploratory sequential mixed-methods design as applied to this study. Source: Creswell (2014).

The qualitative results of Phase 1 provided face validity of the assessment criteria and informed the Phase 2 development of the ToS, which produced quantitative data and content validity of the assessment criteria.

3.5.1 Phases of the study. The researcher conducted a two-phase study (Figure 11) to develop assessment criteria for the professional practice competency. During Phase 1, the Delphi panellists were recruited via email contact. Following the return of 16 signed consents, the researcher emailed the SurveyMonkey link to all respondents. The Delphi panellists were provided the university graduate attributes (Appendix 1) and nursing codes (Appendices 5 and 6) and standards (Appendix 7) to assist in development of the criteria for the professional practice competency.
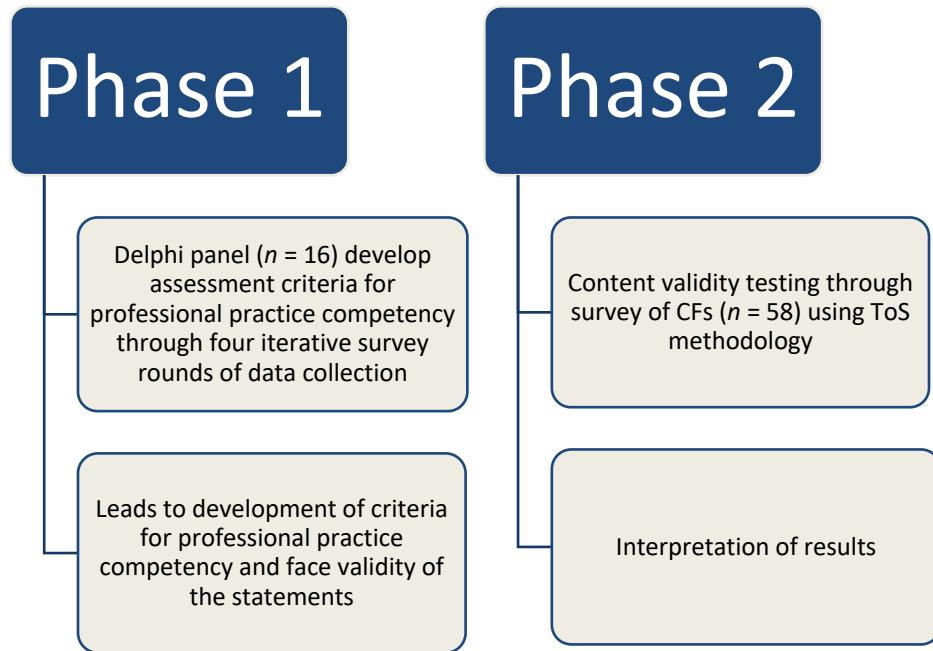
Figure 11. Phases of the exploratory sequential mixed-method study. Source: Creswell (2014, p. 220).

3.5.1.1 Phase 1, Delphi panel. An expert panel of nurses provided comment and opinion over four rounds of data collection to obtain consensus and thereby develop the assessment criteria used to create the professional practice competency (Keeney et al., 2011). A qualitative survey data collection method using SurveyMonkey enabled 16 expert nurses, comprising the Delphi panel, to provide iterative and generative responses through open comment boxes. Upon completion of the first round of data collection, thematic analysis (Braun & Clarke, 2006) was undertaken to code the data into categories and then organise them into themes under the headings of 'knowledge', 'skills' and 'attitudes' (Keeney et al., 2011).

Draft statements were provided to the Delphi panel for further comment, and member checking was undertaken to ensure the researcher's interpretation of data was accurate. The second and third rounds of data collection provided suggested criteria statements based on the emerging themes in Round 1, and requested the Delphi panel to

rank their 10 preferred responses and provide suggested comments or wording changes if desired, until consensus was achieved (Jeffs et al., 2017; Keeney et al., 2011). This concluded the Delphi panel rounds, and the final draft professional practice competency was then placed into a ToS format in readiness for Phase 2 data collection.

3.5.1.2 Phase 2, table of specifications. Phase 2 involved the estimation of content validity for the proposed professional practice competency. University clinical facilitation staff (*n* = 150) were surveyed via SurveyMonkey, using the ToS methodology (Jarjoura & Brennan, 1982; Newman et al., 2013; Notar et al., 2004) with the embedded assessment criteria developed in Round 1 by the Delphi panel. The ToS was generally structured so that the columns listed the concepts or criteria to be rated, content areas and/or levels of achievement (Appendix 8). The ToS allowed CFs to rate each assessment criteria using a Likert scale to preference the most suitable criteria allowing assessment of professional practice in undergraduate nursing.

3.5.2 Site and sample.

3.5.2.1 Phase 1, Delphi panel. A suitable expert was defined by De Villiers et al. (2005) as a participant possessing relevant knowledge and experience, and whose opinions are respected by colleagues. Similarly, an expert was described as a participant who holds a special interest or knowledge specific to the content area or topic being studied (Foth et al., 2016). The Delphi panel comprised a purposive sample of expert nurses with at least 10 years of nursing experience, with recency of two years. All Delphi panel members had at least one other inclusion criteria, such as management of nursing staff, coordination of undergraduate and/or graduate clinical nursing programs, nursing academic with expertise in professional practice education and assessment, or published work in the area. The Delphi panel members were purposefully selected and invited to participate in this research as expert nurses in the field of study. The Delphi

panellists were provided with a participation information sheet, consent form, copy of

the Notre Dame University graduate attributes (Appendix 1) and copy of the relevant

codes and standards (Appendix 5, Appendix 6 and Appendix 7) for the nursing

profession in Australia (De Villiers et al., 2005; Goodman, 1987; Kezar & Maxey,

2014). These nurse experts assessed, categorised and modified the professional practice

competency assessment criteria over four rounds of data collection during Phase 1 (Jeffs

et al., 2017). The expert panel was recruited in a consultative capacity, rather than being

passively selected by the researcher. Differences of opinion were welcomed and

comprehensively explored by the researcher. The electronic surveys included open-

ended questions and open text comment boxes to allow careful consideration of

alternative views, thereby adding to the richness of data. These rich data allowed

generation of alternately worded criteria statements, and the suggested changes were

then provided to the Delphi panel in subsequent rounds of data collection until

consensus was reached.

Following consultation with the SoNM research coordinator (C. Bulsara,

personal communication, August 9, 2017), the researcher invited 35 expert nurses to

participate in the panel, with an intended final participant number of 12 to 15 Delphi

panel members, which is reflected in the literature as a suitable sample size for the

Delphi method (De Villiers et al., 2005; Keeney et al., 2011; Linstone & Turoff, as cited

in Kezar & Maxey, 2014). The expert nurses were invited through an initial email

invitation from the researcher (Appendix 9). The Delphi panellists were recruited

through email contact by the researcher through the research site's clinical placement

allocation software program, SONIA (Planet Software, 2018). This software program is

used by both education providers and healthcare facilities offering clinical or

professional practice placements (Planet Software, 2018). The researcher emailed 35

WA nurses (male = 2, female = 33) meeting the inclusion criteria outlined below. Of the 35 senior nurses invited, a final participant number of 16 expert nurses agreed to participate as Delphi panellists in Round 1. All 16 participants completed, signed and returned the provided consent forms (Appendix 10). The expert Delphi panel comprised five current undergraduate nursing placement/graduate placement coordinators, one nurse manager with previous experience in undergraduate placement coordination, one clinical nurse specialist with previous experience in the role of undergraduate placement coordination, eight academics currently working and lecturing in the area of professional practice/clinical placement coordination or with previous experience coordinating clinical placements or undergraduate placements, and one regional nurse educator director with experience in coordination and management of undergraduate clinical placement and academic qualifications and publications in clinical practice. A mix of metropolitan ($n = 11$) and rural ($n = 5$) nurses were represented in the Delphi panel. All Delphi panellists had been nursing for more than 10 years, with a collective nursing experience of 297 years (mean = 24.75 years). The panel consisted of one male and 15 females. Nine participants were currently employed in the public health system, while seven were employed by the private healthcare system or not-for-profit/non-government organisations. Opportunity to discuss the research over the telephone was offered at the time of email; however, no further communication except via email with the researcher was required about the research project and expected commitment from participants.

The inclusion criteria for expert nurses to form the Delphi panel were as follows:

- at least 10 years of clinical practice as an RN, current AHPRA registration and recency of two years practice, **and**

- management of nursing staff in clinical work environments, **or**

- coordination of undergraduate and/or graduate clinical nursing programs, **or**

- academic staff with expertise in professional practice education and assessment, **or**

- published work in the area of clinical assessment in nursing practice.

3.5.2.2 Phase 2, table of specifications. Phase 2 comprised a convenience sample of CFs employed by the SoNM at the research site. Participants were emailed by the researcher (Appendix 11) to invite participation in the project, using current employer-related email addresses. The current casual employment pool of CFs comprised 150 staff and all had recent experience facilitating and supervising the undergraduate nursing practice of students from the research site within the previous six months. The CF had also undertaken onsite facilitation training at the study site in completion of the NCAS, as well as orientation to the university standards and policies, university strategic plan and attributes that the private Catholic university aspires to instil in its students. Given that the CF group had undertaken training on the use of the NCAS in the context of the unique requirements of the study site, they were deemed the experts of application and end-users of the research outcomes. Their selection was strategic and allowed assessment of the criteria developed by the Delphi panel, in the context of the requirements of the study site and the ability of the competency to adequately assess the professional practice of the undergraduate nurses from the research site. No other demographic data were collected from the CF group because all were current employees at the study site and fulfilled the qualification and registration requirements for employment to facilitate undergraduate RNs (Appendix 12).

The inclusion criteria for nurses to participate as CFs in Phase 2 were as follows:

- at least five years of postgraduate experience employed as an RN

- a minimum qualification of a BN or equivalent nursing degree

- proven experience delivering safe and competent nursing care in a clinical setting, as verified by a previous/current clinical employer

- a minimum of six months of experience in the CF role assessing undergraduate nursing practice at the research site

- support for the objects of the university.

The CFs were emailed an invitation to participate, with a participant information sheet provided (Appendix 13) and instructions on how to proceed to the anonymous SurveyMonkey survey via an emailed link. The researcher provided the invited participants a copy of the ToS table (Appendix 8) (Notar et al., 2004), with the professional practice competency criteria listed. A Likert scale (Polit & Beck, 2014) was incorporated into the table to allow the CFs to rate how well the criteria allowed measurement of professional practice competence.

3.5.3 Data collection methods.

3.5.3.1 Phase 1, Delphi panel. Phase 1 incorporated a survey of the Delphi panellists seeking to collect qualitative data through open comment text boxes. A total of 35 nurses who met the inclusion criteria were invited by email from the researcher to participate as expert nurses in the Delphi panel. All invited participants were provided a participant information sheet (Appendix 9), consent form (Appendix 10) and link to the SurveyMonkey survey (Appendix 14). Documents pertaining to the standards and codes of the nursing profession in Australia and graduate attributes of the study site were provided to all invited participants (ICN, 2012; NMBA, 2016, 2018a; Quality Management Office, 2017). The final number of participants at the commencement of Round 1 was 16 nurses, which met the criteria.

In Round 1, the Delphi panellists were requested to provide their opinions and views on the knowledge, skills and attitudes required of the undergraduate nurse in the SurveyMonkey questionnaire (Figure 12). The Delphi panellists were asked to provide answers to seven initial questions in SurveyMonkey, within a two-week timeframe. Each question requested opinions on the knowledge, skills and attitudes expected of the research site's professional nursing students, and then asked about the graduate attributes in relation to each of these three areas. The seventh question was an open text comment box seeking any additional comments that had not already been addressed in the six previous questions.

---

1. Knowledge: The information a student nurse acquires through education and experience.

Please reflect and provide your comments on the expected knowledge of an undergraduate nursing student that supports them in their development as a professional.

Comment box:

Figure 12. Round 1 Delphi question example.

The Delphi panel responses were gathered, categorised and thematically analysed and grouped into three headings for competency assessment: knowledge, skills and attitudes.

Round 2 commenced with an email disseminated to the Delphi panel with a summary of findings from the thematic analysis in Round 1. These suggested criteria were presented in a Microsoft Word document, with a SurveyMonkey link, requesting a rating of the preferred 10 statements for each heading. The Delphi panel responses from Round 2 were again analysed and grouped under the headings of knowledge, skills and

attitudes, and a summary was developed to send to the Delphi panel for Round 3 data

collection. Round 3 involved an email with an attached Microsoft Word document that

summarised the Round 2 findings and asked for feedback about competency wording,

opinions on the repetitive themes emerging, and views on combining statements that

appeared to overlap during analysis. This email is available for review in Appendix 15.

Following the three rounds of data collection and analysis, the original 125

statements developed following Round 1 were refined down to 103 statements by the 15

Delphi panellists in Round 2, and further reduced to 31 statements in Round 3. Round 4

involved revisiting excluded criteria, and the Delphi panellists were asked to undertake

a final review and ranking of the 31 preferred statements, and to review the 18 excluded

statements and rank these if they believed the statements warranted inclusion in the

competency.

Data were collected by SurveyMonkey during each round, with participants

remaining anonymous and separate from other expert panellists. The researcher was

cognisant of the fact that the Delphi panel reaching consensus—at a consensus rate of

51%—is deemed acceptable in Delphi method research (Keeney et al., 2011), yet does

not necessarily indicate that a correct answer has been found, but rather that the experts

have reached agreement on the issue presented to them (Foth et al., 2016; Keeney et al.,

2011). The researcher acknowledges that, despite the accepted consensus rate for the

study being 51%, the Delphi responses in further rounds were above 73% consensus on

all statements presented for review.

3.5.3.2 Phase 2, table of specifications. Phase 2 data collection consisted of an

email invitation to all CFs at the study site ($n = 150$) who had a minimum of six months

of experience in facilitating undergraduate nurses. CFs with fewer than six months of

experience were not emailed to participate. CFs were invited via email to review the

proposed professional practice competency, and provided a participant information sheet as an attachment to the email, along with a link to the SurveyMonkey survey. The SurveyMonkey survey provided an introduction to the content and instructions for CFs about the rating scale and process of assessing each of the 33 criteria for their ability to measure undergraduate nursing professional practice. This phase of the study used a ToS methodology (Notar et al., 2004), providing content validity of the professional practice competency by the 58 CF participants. This sample size was verified by the university biostatistician as a statistically significant sample size in health research. The university biostatistician advised that the researcher should aim for a minimum 35% return rate of participation, and the final response from the CF group was 38.6%.

The ToS methodology is described in the literature as a blueprint for competency development or a matrix for behaviours and content, and was used to support this process (Jarjoura & Brennan, 1982; Newman et al., 2013; Notar et al., 2004). The CFs were asked to complete a quantitative SurveyMonkey survey (Appendix 8) on the assessment criteria of the professional practice competency, and rate the ability of the proposed criteria to measure undergraduate nursing professional practice using a five-point Likert scale rating.

3.5.4 Data analysis methods. The previous section discussed the methods, design and phases of the study, including the two phases in which the competency assessment criteria were developed and rated. Phase 1 used qualitative data collection methods and provided face validity to the assessment criteria developed by the Delphi panel. Phase 2 used quantitative data collection using a survey to rate the developed assessment criteria and provide content validity of the competency through quantitative data collection methods. This section describes the process of data analysis in the

sequential order in which the data were collected and analysed, identified as Phases 1 and 2.

3.5.4.1 Phase 1. During the Phase 1 data analysis, professional practice competency criteria were developed and analysed through Delphi panel consensus from 16 expert nurses over four rounds of iterative and generative data collection. Phase 1 of the study provided face validity to the assessment criteria and development of the professional practice competency used during Phase 2 of the study.

3.5.4.1.1 Round 1. Survey data from the 16 Delphi panellists were exported from SurveyMonkey to the Microsoft Office suite. The open comment text boxes and responses were copied and pasted into a Microsoft Word document. Data analysis was completed using thematic analysis (Braun & Clarke, 2006)—an inductive approach supporting the development of themes emerging from responses across the four rounds of iteration. This method enabled categories to be identified and then thematically analysed to develop the proposed competency statements under three headings: knowledge, skills and attitudes. Themed statements (Figure 13) were then developed into competency statements to form the Round 2 Delphi survey.

Table of all answers Delphi Panel round One

| Question 1 (Knowledge)

Pink= Nursing Codes and standards
Green=Expected knowledge and scope
Aqua=Professional nursing culture, developing awareness
Grey=Expected skills
Dark Green=attitudes | Expected knowledge of an undergraduate student is dependant on their current theory and scope of practice. It would be expected that the student uses support networks and resources available to them to further their knowledge if necessary.
An undergraduate nurse is expected to have critical thinking skills, be aware of where to access local policy/procedures, be aware of own scope of practice, communication skills and essential basic nursing care skills know that there is a code of ethics and code of conduct and legislation that underpins practice, understand how these codes may affect their decision making, behaviour and attitudes within the profession, practical application/situational awareness of common scenarios that may challenge nurses both within the boundaries of work. understand that the occupation of 'nurse' extends beyond the workplace to uphold conduct and ethical codes due to the nature of influence and trust the nursing profession inherently has with the general public i.e. impact of opinions on social media, knowledge of self care and strategies to overcome challenges faced within the nursing profession i.e. fatigue, burnout etc difference between responsibility, accountability and duty of care, cultural sensitivity and respect
I agree with the statement above. I believe that undergraduate nurses need to have a sound understanding of underlying principles related to health and pathophysiology. Skills, practice and experience are important, but if we ensure our undergraduates understand basic principles, we have the foundations to support them in applying these principles to a diverse range of patients and scenarios. the clinical knowledge should match the stage or semester the student is enrolled in, any prior exposure to clinical environments would help as the student would have developed a sense of familiarity with the work environment and expectations from others; it is also important to note what the student's attitude to learning is , who they are as a person (i.e motivated, positive, willing to ask questions)
A new graduate nurse should have critical thinking, research skills and a basic clinical skill base. They should be able to manage a 4 patient load with the supervision of a RN with experience
Life long learning approach to continued acquisition of knowledge Benner's theory of novice to expert and how to acquire higher levels of competence An understanding of what a professional is and what it stands for. Starting from the basics as dress, code of conduct, timely, awareness of others, confidentiality.
The expectation of the knowledge of nursing students is dependent upon their stage. In approximately the first 4 semesters it is generally understood that they have minimal clinical exposure, and are building on basic concepts. For more advanced stages it is expected that students have at least a basic understanding of the specialties that they encounter in clinical areas, and how to manage a general patient cohort. All levels should have an understanding of accountability, and knowledge of NSQHS standards and their application to patient safety. particularly falls, pressure injury, infection prevention, and clinical deterioration. clinical knowledge and skills pertaining to the respective placement. Knowledge of themselves and how they react in given situations, eg time management, stress etc.
Basic anatomy and physiology in relation to health and disease processes. Knowledge of various disease processes and the treatment and nursing care/interventions required. Sound understanding of pharmacology including indication for drug use, generic/trade names, mode of action, contraindications, adverse reactions, doses, routes of administration, including important nursing interventions for the patient. Knowledge of resources available to assist nurses (Mims etc) including collaboration with Pharmacists. Medication administration (Law, code of conduct/ethics). Infection control. Wound management (simple and complex) including |

Figure 13. Round 1 Delphi responses—thematic analysis.

Each iterative round of data was similarly managed to 'identify, analyse and report patterns' in the data collected (Braun & Clarke, 2006, p. 77; Clarke & Braun, 2017). Thematic analysis of data was used to explore, in an unrestricted and organic manner, the opinions of expert nurses in the field of undergraduate nursing clinical assessment (Braun & Clarke, 2013). Thematic analysis is a recognised method for analysing qualitative data that allowed the researcher to explore the participants' perspectives and to 'get inside' the expert nurses' heads through using an interpretive and organisational framework for data collection (Braun & Clarke, 2006, 2013; Clarke

& Braun, 2017). Through observing Creswell's (2014) pragmatic worldview, thematic analysis provided a data analysis method that fit appropriately with the philosophical underpinnings and research design of the study (Braun & Clarke, 2013; Creswell, 2014). Thematic analysis allowed the data to confirm that authentic reality existed in professionalism, and, through refinement and identification of codes and themes, knowledge may be produced that could make a difference to assessing undergraduate nursing professional practice (Braun & Clarke, 2013, p. 26). Thematic analysis has been recently recognised as a distinctive data analysis method in the social sciences, and possesses its own process and structure for 'basic data handling and coding skills', thereby allowing the researcher to 'give voice' to the Delphi panel opinions and comments regarding the professional practice of undergraduate nurses from the study site (Braun & Clarke, 2006, 2013, p. 174).

The raw comments were themed according to criteria, broadly coded as knowledge, skills, attitudes, codes and standards, and professional nursing culture—developing awareness. Each code was allocated a colour and recorded in terms of the repeating patterns emerging. Once all raw comments were thematically analysed, competency criteria were developed to reflect the comments in Round 1. Statements were developed under the three headings of knowledge, skills and attitudes, as this formed the framework of the future competency and organisational structure within the competency. This supported the Delphi panel to develop an appropriate competency to be included within the NCAS. Following thematic analyses, 125 statements were developed, placed into a Microsoft Word document (Figure 14) and emailed out to the 16 Delphi panellists for Round 2 review.

3.5.4.1.2 Round 2. The Delphi panellists were provided a summary document of the data findings and emailed a link to complete the Round 2 review of the suggested

competency assessment criteria in SurveyMonkey (SurveyMonkey.com, 2018). The

Delphi panel rated their preferred criteria for each heading—knowledge, skills and

attitudes—from 1 to 10, with 10 being the least preferred and 1 being the most

preferred. Figure 14 presents an example of this. The Delphi panel also provided

opinions and suggestions regarding the criteria and possible rewording or restructuring

of statements.

	Attitudes (Rating 1 to 10)
	Presents with an appropriate level of enthusiasm, preparation and curiosity.
2	Presents with an inquiring mind and positive attitude, and is open to feedback.
8	Values appearance and presentation of self.
	Leaves personal problems and stressors outside of the workplace.
	Rationalises decision making with reflective and evidence-based responses.
	Consistently provides patient-centred care.
1	Acts in a professional and respectful manner at all times.
9	Professionally represents Notre Dame University.
7	Values the management of resources in a safe and responsible manner.
3	Maintains and respects professional boundaries with patients, visitors and staff.
	Refrains from interrupting or speaking out of turn.
4	Proactively identifies and manages own learning needs.
5	Reflects on past placements and explores own emerging understanding of nursing culture with peers and mentors.
	Reflects on past experiences and understands how this enables adaptation to the clinical environment.
10	Identifies and appropriately manages own responses to stress.
	Displays a positive attitude.
6	Values emotional intelligence in practice and interactions.
	Values staff contribution to learning on practicum placement.

Figure 14. Example of Delphi panel rating of criteria statement, 'attitudes'.

The Round 2 reviews and rating of statements reduced the number of total

statements from 125 to 103, using a consensus rate of 51% of Delphi panel opinion,

which is deemed acceptable in Delphi method research (Keeney et al., 2011).

Consensus rates of 60 to 75% have been reported in the literature; however, the researcher identified that not all publications noted this detail (Foth et al., 2016). The researcher intentionally used a lower consensus rate (51%) in this initial round to ensure access to the rich data and differences of opinion generated within the Delphi panel in Rounds 1 and 2, thereby validating a larger majority of expert nurses' opinions and increasing the likelihood of continued engagement in the study. These statements were thematically analysed to identify overlap of repeating patterns and themes, and were constructed into further refined competency criteria statements for review in Round 3.

 3.5.4.1.3 Round 3. Round 3 data analysis again used Braun and Clarke's (2006) thematic analysis, and the assessment criteria statements were further refined down to 32 statements. The Delphi panellists were emailed a summary of the Round 2 analyses and invited to participate in Round 3. Responses were received from 15 Delphi panellists, and exported from SurveyMonkey (SurveyMonkey.com, 2018) into Microsoft Word to develop a draft version of the professional practice competency (Figure 15). This draft was emailed to each of the 15 panellists for their review and suggestions. The competency was provided in a Microsoft Word document to allow the Delphi panellists to make changes as they desired.

Professional Practice Competency							
Professionalism relates to the knowledge, skills, conduct, behaviour and attitudes of undergraduate RNs undertaking practicum CF/RN to please initial and date the appropriate column		Independent: (I)	Supervised: (S)	Assisted: (A)	Marginal: (M)	Dependent: (D)	Not Assessed
KNOWLEDGE	Integrates NMBA *Code of Conduct for Nurses* and *Registered Nurse Standards for Practice*, ICN *Code of Ethics for Nurses*, *Health Practitioner Regulation National Law (WA) Act 2010*, *Medicines and Poisons Act 2014* and mandatory reporting obligations of the RN into practice as a student RN.						
	Prioritises decision making and adapts practice to comply with codes, standards and legislation governing nursing practice within current scope.						
	Demonstrates systematic patient assessment, analysis of findings and ability to prioritise and coordinate patient care.						
	Integrates recognised reporting mechanisms to escalate patient care in response to clinical deterioration.						
	Demonstrates accountability in decision making and practice.						
	Analyses assessment results and collaborates in decision making and care planning with mentoring staff.						
	Integrates sound knowledge of pathophysiology and pharmacology to support clinical decision making.						
	Applies National Safety and Quality Health Service Standards to patient care.						
	Incorporates NMBA code of conduct and ICN code of ethics in communication, behaviour and attitudes in and out of the clinical setting.						
	Demonstrates understanding of responsibility for duty of care to patients and their families.						

Figure 15. Example of draft knowledge statements in professional practice competency.

The panellists were also provided a separate Microsoft Word document (Figure 16) of 18 excluded statements that had only just missed out in the prior round. The Delphi panellists were asked to confirm if these statements were to remain excluded or rate to gain consensus on their inclusion back into the competency.

Knowledge (Please rank these excluded competency statements from 1 to 5, with 1 being most important to you and 5 being least important to you)	
Understands the importance of sharing assessment findings with mentoring staff and collaborating in decision making.	
Demonstrates understanding of responsibility for duty of care to patients and their families.	
Understands importance of competent assessment skills and reporting processes in escalating clinical concerns.	
Understands that caring involves sensitivity and acceptance of others' beliefs, values and differences.	
Understands the importance of sharing assessment findings with mentoring staff and collaborating in decision making.	

Figure 16. Round 3 example of Delphi panellists' ranking of excluded criteria statements.

The excluded responses' ranking indicated a collective opinion from 54% of the 15 panellists that three statements from the excluded criteria statements document (Figure 16) warranted re-inclusion in the professional practice competency when evaluated against the graduate attributes. These statements encompassed:

- understands that caring involves sensitivity and acceptance of others' beliefs, values and differences

- demonstrates understanding of responsibility for duty of care to patients and their families

- reflects on past experiences and understands how this enables adaptation to the clinical environment.

The aims of the study were to develop a professional practice competency that assessed the unique graduate attributes of the study site, in addition to the professional expectations of undergraduate nurses from the study site. In attempting to achieve this, the researcher provided the excluded statements back to the Delphi panel for further review, as there were excluded statements that indicated strong thematic relationships with the graduate attributes and objects of the study site. In Round 3, a Delphi panellist also suggested inclusion of a statement addressing open disclosure. This statement was presented back to the Delphi panel in Round 4, along with the proposed final draft of the competency.

3.5.4.1.4 Round 4. Round 4 provided a final review of the draft competency statements and review of the suggested statement on open disclosure. The statements were reviewed by the researcher and supervisors to implement higher-level cognitive thinking in statement construction prior to review in Round 4 (Bloom, 1956). The Delphi panel provided comments and suggestions to reword certain statements.

The two Delphi panellists who were on leave during Round 3 returned data during Round 4. The data were retrospectively entered for these panellists and they were then provided the email with Round 4 data collection in exactly the same manner as the other Delphi panellists. The final 33 statements reached a consensus of between 73% and 100% of the 15 Delphi panellists, and were formatted into a competency document (Appendix 16). These statements were then prepared for Phase 2 of the study.

3.5.4.2 Phase 2. The second phase of data analysis incorporated all university CFs who had undertaken the role for six months or more and were currently listed on the casual employment pool in February 2018 ($n = 150$) to complete a SurveyMonkey (SurveyMonkey.com, 2018) survey to rate the suitability of the criteria for assessing undergraduate nursing professional practice. The CFs, as Phase 2 participants, were the

RNs employed by the research site to assess competence in clinical practice, alongside supervising RNs employed to provide direct patient care. Together, they supervised and guided the students' practice, using the NCAS to provide timely formative and summative feedback during placement. Content validity was provided during this phase of the study through using a ToS methodology (Notar et al., 2004). The ToS methodology (DiDonato-Barnes et al., 2014; Fives & DiDonato-Barnes, 2013; Newman et al., 2013; Notar et al., 2004) (Appendix 8) was employed and a Likert scale (Polit & Beck, 2014) was incorporated as the rating system because of its ease of use and widespread use. The ordinal data were collected via SurveyMonkey and analysed using Microsoft Excel.

The CFs received instruction on how to complete the ToS from the researcher via email (Appendix 11) and an attached participant information sheet (Appendix 13). The instructions guided access to the SurveyMonkey link and reassured the CF group of anonymity regarding their provided responses and participation in the research. The CF group were unidentifiable through their survey responses, which was particularly important to the researcher because she was also the employer of the CF staff facilitating undergraduate nursing students at the university. The researcher was aware of the position of power this role held over the CF respondents. Thus, anonymous responses via SurveyMonkey allowed the CF participants to provide honest and constructive feedback about the ToS competency criteria, without fear of their responses affecting the working relationship between them and the researcher.

3.6 Ethical Considerations

Prior to any research being undertaken, the researcher sought approval to conduct research from the SoNM Research Committee at The University of Notre Dame, Australia (Fremantle Campus), through submission of a research proposal.

Following notification of approval of the research proposal by the School Research Committee, an ethics application was made to The University of Notre Dame Human Research Ethics Committee (HREC). Ethical clearance for this study and candidature was granted on 19 December 2017 (017209F) (Appendix 16), ensuring adherence to the principles and practices of honest research, respect for all research participants and possible beneficence, and that the research was undertaken with integrity and responsibility using accurate reporting methods (NHMRC, 2018). A copy of the HREC approval letter and letter of candidature is provided in Appendix 16.

The National Health and Medical Research Council's (NHMRC's) *Australian Code for Responsible Conduct of Research and National Statement on Ethical Conduct in Human Research* (NHMRC, 2007) and the UNDA's (2017) *Policy: Ethics Approval for Research Involving Human Participants* guided the researcher and ensured the accountability of all research processes and undertakings through regular reporting procedures. There is an expectation globally and nationally that all research will be conducted with integrity, ethical consideration and responsibility by the researcher/s and institution in which the research is being undertaken. The *Australian Code for the Responsible Conduct of Research* conveys expected standards that characterise a research culture that is honest, ethical and conscientious and espouses the eight principles of responsible research conduct (NHMRC, 2018). This study complied with the eight principles in the following manner.

(P1) Honesty: All design, recruitment, analysis and reporting of the research and ethics approval were undertaken as described in an honest and transparent manner, ensuring rigour, fairness and respect for research participants. Recognition of the participants' time and commitment to participating—particularly among the Delphi

panellists—was ensured and the researcher remains accountable for the work presented within this document.

(P2) Rigour: Rigour was ensured during the proposal development phase and confirmation of candidacy. The same methodology was adhered to in the study, acknowledging biases and openly and accurately reporting data analysis and findings.

(P3) Transparency: In conducting this study, the researcher declared all interests openly and honestly, and reported the methodology, analysis of data and subsequent findings accurately and openly. No conflicts of interest were encountered during this study, and this has been honestly declared.

(P4) Fairness: All research participants and research supervisors were treated fairly and with respect. The written work contains in-text referencing and a reference list to acknowledge the previous work of others.

(P5) Respect: Care, respect and consideration were shown to all people involved in preparation of the research proposal, research unit lecturers, research and ethics office staff, proposal readers and reviewers, research supervisors and all research participants.

(P6) Recognition: The researcher recognises the rights of Aboriginal and Torres Strait Islander peoples to be engaged in research that is significant to them or affects them. While this study was of no particular significance to Aboriginal or Torres Strait Islander peoples, it is hoped that the professional practice competency will promote continued respect and care for people of all cultures and backgrounds by undergraduate nurses from the research site.

(P7) Accountability: The researcher ensured compliance with relevant legislation, policies and guidelines in developing the research proposal and conducting research under the supervision of two research supervisors. There was no public or private funding attached to this study.

(P8) Promotion of responsible research practices: The researchers and university support a positive research culture that promotes responsible conduct of research.

A plain English participant information sheet was provided to all participants during Phase 1 (Appendix 9) and Phase 2 (Appendix 13). A signed consent form (Appendix 10) was obtained from all Delphi panel participants prior to commencement of data collection in Phase 1. Phase 2 data collection from the CF participants involved an introductory email being sent, which included the SurveyMonkey link, to allow anonymous participation in rating the assessment criteria. This anonymous survey of the ToS competency criteria used implied consent; thus, no formal consents were requested because of the potential for conflict of interest, given that the researcher was also the employer of the CF staff at the university. Survey responses from the CFs did not contain any identifying or demographic information that would allow the participants to be identified. All research participants in both Phases 1 and 2 were informed that involvement in the study was voluntary, and no coercion or persuasion from any person occurred. The participants were advised that they may withdraw from the study at any time and without prejudice or any expectation to explain their decision. Communication with participants was conducted with discretion and respect through email. Details of access to free counselling services were provided to participants.

The participant responses remain confidential and de-identified. They will be used only for the purpose of this research. Data will be retained for a minimum of five years after completion of this research, according to the NHMRC (2018) guidelines. Identified data and de-identified data will be stored in separate locations at the university. Data that are electronic will be stored on a password-protected computer at the university in a locked office, and a data backup will be kept on a removable password-protected external hard drive, which will also be kept in a locked office within

the university. Hardcopy data will be stored in a locked filing cabinet in a secure location, and will be destroyed after the specified time, using confidential document destruction facilities within the university. All information and data collected will be de-identified to ensure confidentiality. To maintain an audit trail, a list of codes and participant names will be kept in a location separate to the data, securely locked within the university.

All participants were advised of the summary findings at each phase and will be provided a digital copy of the final summary upon completion of the study. All research participants will also be provided a link to the final dissertation on ResearchOnline upon study completion. The researcher acknowledges the position of power held in the current position of professional practice coordinator, and the potential influence this may be seen to hold over the CFs. The CFs were surveyed through SurveyMonkey and only de-identified data were collected and analysed. The researcher ensured that all CFs were provided a participant information sheet informing them of their rights to withdraw at any time, without prejudice (Appendix 13).

3.7 Summary

This chapter has provided a comprehensive description of the research study and its two phases of data collection and analysis. Further, the application of ethical research practice has been described for the purpose of this study. Chapter 4 will provide a detailed description of the analysis and findings of each phase of the research.

Chapter 4: Data Analysis and Findings

4.1 Introduction

The previous chapter discussed the methods, design and phases of the study, including the two phases in which the competency assessment criteria was first developed using qualitative data collection methods, followed by content validity of the competency through quantitative data collection methods. This chapter discusses the data analysis and findings in the sequential order in which the data were collected.

4.2 Phase 1

Phase 1 consisted of the four survey rounds that collected qualitative data from a Delphi panel of expert nurses. Data were in the form of open text comments and, in subsequent rounds, ranking of suggested assessment criteria developed through thematic analysis. Microsoft Excel was used to analyse the survey data from all four rounds of the Delphi panel, such as ratings and qualitative data (Keeney et al., 2011), thereby allowing a summary report to be developed based on the themes and consensus of the qualitative responses.

The researcher was conscious at all times that generation of the survey questions and data was dependent on the Delphi panel responses; therefore, maintaining the Delphi panel numbers through each round was a priority (Keeney et al., 2011). Iterative and generative rounds of data collection continued until consensus was achieved, which equalled four rounds. The Delphi panel ultimately produced 33 statements to become the professional practice competency assessment criteria. These 33 statements were themed according to the following categories:

- professional standards
- professional knowledge
- professional attitudes

- professional relationships

- professional communication.

The following section explains the data analysis according to each round.

    4.2.1 Round 1. Round 1 data were collected using SurveyMonkey (www.surveymonkey.com) and extracted as open text comments. They were thematically analysed to provide initial statements for further review in Round 2. Refer to Appendix 19 for the survey questions for Round 1. Round 1 data collection followed an initial email from the researcher inviting 35 nurses who met the inclusion criteria to participate as Delphi panel members in the study. All were provided a participant information sheet, consent form and SurveyMonkey survey link (Appendix 9 and Appendix 10). Data collected from the 16 respondents in the Round 1 SurveyMonkey survey were anonymous, and the open comment text box responses were extracted into a separate Microsoft Word document to allow organisation, categorisation and thematic analysis of all statements (Braun & Clarke, 2006). The Round 1 survey questions can be seen in Appendix 17.

    The data were examined using thematic analysis (Braun & Clarke, 2013), and competency statements were developed based on Bloom's (1956) taxonomy of learning domains: knowledge, skills and attitudes. Therefore, the qualitative data were categorised according to whether they supported the development of competency statements related to knowledge, skills or attitude. This allowed for thematic analysis of the 16 Delphi panel responses within these domains. The researcher identified a number of major themes that assisted with the development of assessment criteria to measure the issues recognised as important to the Delphi panel. The researcher used the raw text responses from the Delphi panellists to develop early competency statements and themes to avoid any loss of context. This ensured that the Delphi panel's opinions and

views were acknowledged and represented accurately (Braun & Clarke, 2006, 2013).

Based on this thematic analysis, 125 assessment criteria statements were developed by

the researcher under the headings of knowledge, skills and attitudes. These were used

for the second round of the Delphi study to gain feedback and consensus.

4.2.2 Round 2. Participants were emailed a copy of the 125 draft statements

developed from Phase 1 for the professional practice competency (Appendix 14). They

were provided with instructions to rank each statement from 1 to 10, with 1 being

important. The participants were also asked to provide feedback about the relevance of

each statement and importance of these statements in relation to student assessment of

professionalism, in the context of the university graduate attributes. Figure 17 displays

some of the statements that related to the domain of 'skills' (15 statements).

Skills
Establishes own scope of practice.
Possesses skills that are appropriate for stage of training.
Uses professionally accepted terminology.
Advocates for patients appropriately.
Possesses skills in communication and can competently hand over a patient load.
Displays skills in adaptive communication as contextually appropriate.
Displays sound reflective practice skills to promote own professional development.
Demonstrates awareness of professional boundaries.
Provides care in a timely manner.
Has awareness of the importance of a safe work environment and occupational health and safety responsibilities of the nurse.
Displays critical thinking skills in practice.
Demonstrates interpersonal skills in effective communication.
Is able to demonstrate flexibility and multi-tasking in nursing care.
Demonstrates skill in escalating care through correct use of reporting mechanisms.
Is able to critically think and analyse to problem solve.

Figure 17. Table of 'skills' statements following Round 1 thematic analysis.

The Delphi panel returned responses via SurveyMonkey over a two-week

period. There was the loss of one academic Delphi panellist upon commencement of

this round, despite reminder emails and an offer of extension to the email deadline of a two-week turnaround. A sample size of 15 expert nurses is considered appropriate in a Delphi panel if the sample is homogenous and the results generalisable and representative of the larger population (Foth et al., 2016; Keeney et al., 2011).

Data analysis of Round 2 involved listing those criteria that were most highly rated by the participants, through the rating of 1 to 10. The collective Delphi panellists' responses for the domain of 'knowledge' returned a total of 44 criteria to proceed (from 58 listed). The 'skills' domain returned a total of 41 rated responses (from the provided 45). The 'attitudes' domain resulted in 18 statements (from a total of 22). The researcher used consensus of opinion to confirm inclusion of the criteria (Keeney et al., 2011). The minimum consensus achieved following Round 2 data collection was 51% of the Delphi panellists reporting the same preferred criteria. Some responses scored more highly, with criteria relating to governance scoring 100%. However, some responses included for further consideration contained some relevant, albeit non-consensual (33% respondent rate), criteria that the researcher felt worthy of further review by the Delphi panellists, particularly for assessing the study site's graduate attributes. An example of this is the 'attitudes' criteria statement 'Professionally represents Notre Dame University', which was only rated by six Delphi panellists (40%), yet was a central aim of the study. Use of data in this manner was supported by Keeney et al. (2011) in their discussion of the available literature and reporting methods on the stability of Delphi responses. They discussed the potential for deeper thought and discussion among experts if excluded criteria are brought back for further review.

Summaries of the Round 2 data analysis were emailed to the Delphi panel upon completion of this round, along with the next SurveyMonkey survey link. A turnaround time of two weeks occurred between Rounds 2 and 3 of the Delphi surveys, thereby

allowing the participants to remain engaged with the research project, and assisting with return of data and timely analysis.

      4.2.3 Round 3. Round 3 maintained a Delphi panel of 14 expert nurses, with one panellist on leave during this period of data collection. The Delphi panellists were individually communicated with via email during Round 3 to provide detailed draft competency statements and to perform individual member checking of criteria statements (Braun & Clarke, 2013). Member checking is the process by which the final analysis is provided back to the Delphi panel upon completion of the round to confirm that the researcher's analysis accurately reflects the Delphi responses, views and opinions (Braun & Clarke, 2013; Keeney et al., 2011). Round 3 member checking can be viewed in the table of feedback below (Figure 18). In particular, as excluded statements had been reintroduced, it was important to seek specific feedback about these.

Round 3—Response to Competency Statements (Draft Competency)	Round 3—Response to Excluded Statements Provided in Separate Document	Additional Comments
No changes—accurately reflects opinions.	Rated top statements for KSA as follows: 1. Understands importance of competent assessment skills and reporting processes in escalating clinical concerns. 1. Displays a positive attitude to learning and building on existing knowledge. 1. Reflects on past experiences and understands how this enables adaptation to the clinical environment.	N/A
The statements left out were very similar to the criteria already on the competency list, and thus did not need to appear on these.	No excluded criteria rated.	All new graduates and students should undertake practice reflection because it is important to meet the standards for practice and ANMAC requirements. I note that the competency list contains reflection for evidence-based practice, but I think they need to use it to develop a learning plan to improve practice. Another skill I think that might be included is to

		have the ability (in skills) to evaluate patients and develop an appropriate nursing care plan.
No changes—accurately reflects opinions.	Commented on overlap and repetitive statements in excluded document. Rated top statements for KSA as follows: 1. Demonstrates understanding of responsibility for duty of care to patients and their families. 1. Displays confidence in using communication, critical thinking and analysis skills. 1. Reflects on past placements and explores own emerging understanding of nursing culture with peers and mentors.	N/A
No changes—accurately reflects opinions.	Rated top statements for KSA as follows: 1. Understands importance of competent assessment skills and reporting processes in escalating clinical concerns. 1. Possesses skills that are appropriate for stage of training. 1. Reflects on past experiences and understands how this enables adaptation to the clinical environment.	N/A
No changes—excluded competency statements are repetitive and no need to include in competency.	Rated top statements for KSA as follows: 1. Demonstrates understanding of responsibility for duty of care to patients and their families. 1. Demonstrates technical competence and critical and reflective thinking in practice. 1. Reflects on past experiences and understands how this enables adaptation to the clinical environment.	Please find reviewed and rated statements. They are a little repetitive and should remain excluded from the final draft. The competency statements in the competency draft reflect my opinions.

Figure 18. Round 3 Delphi examples of feedback, excluded criteria rating and member

checking.

The results of Round 3 highlighted consensus in opinion of 32 statements for

inclusion within the professional practice competency. All responses received in Round

3 were placed into a Microsoft Excel spreadsheet to rank the preferred statements. Some

panellists suggested rewording of criteria, and opinions and comments were recorded

into the same spreadsheet in a new tab, acknowledging the views of the Delphi panel

and aiding preparation of the draft professional practice competency to be emailed individually (Appendix 19).

During Round 3 data analysis, a Delphi panellist suggested the inclusion of a statement addressing the skill of open disclosure. The researcher acknowledged this suggestion directly to the panellist and included this statement in the final Round 4. Upon completion of Round 3, 32 competency statements were developed and prepared in a draft competency template from the NCAS, and returned to the Delphi panel for the final fourth round. This review involved application of Bloom's (1956) taxonomy terminology to the language used in the statements by the supervisors and student.

4.2.4 Round 4. Round 4 data analysis provided an opportunity to confirm the Delphi panel's consensus with the developed 32 statements, including competency wording, terminology and provision of final comments. The Delphi panellists were also asked to comment on the suggested inclusion of the open disclosure statement (from Round 3) and how this could be worded, and to provide comment to the researcher via the SurveyMonkey link. The Delphi panellists were provided with a table of the 32 statements (Figure 19). Consensus from the Delphi panel was provided for the inclusion of the open disclosure statement raised in Round 3 by one of the participants. Bloom's (1956) higher-level cognitive thinking terminology was confirmed in consultation with the participants.

Professional Practice Competency Assessment Criteria	YES (Y)— accept new changes	NO (N)—leave as originally written
Integrates (instead of understands) NMBA *Code of Conduct for Nurses* and *Registered Nurse Standards for Practice*, ICN *Code of Ethics for Nurses*, *Health Practitioner Regulation National Law (WA) Act 2010*, *Medicines and Poisons Act 2014* and mandatory reporting obligations of the registered nurse into practice *as a student RN* (Delphi suggested addition to this statement).		
Suggested inclusion of '*open disclosure*'. How do you feel about this inclusion? Do you think it warrants inclusion as its own statement, or could be added to an existing statement, such as: '*Prioritises accountability in decision making and integrates knowledge of open disclosure process in practice*' OR '*Incorporates NSQHS standards in practice, e.g., is able to align open disclosure with Standard 1 Governance for safety and quality in healthcare organisations*'. **Please indicate what you feel about this inclusion in the comment box below**.		
COMMENTS:		
Prioritises (instead of understands or demonstrates) decision making and adapts practice to comply with codes, standards and legislation governing nursing practice *within current scope* (suggested addition to original statement).		
Systematically conducts patient assessment, demonstrating analysis of findings and ability to prioritise and coordinate patient care.		
Integrates recognised reporting mechanisms in response to patient clinical deterioration and *Demonstrates skill in escalating care through correct use of reporting mechanisms.* (Suggested combination of both statements to: *Integrates recognised reporting mechanisms to escalate care in response to patient clinical deterioration).*		
Prioritises (instead of understands) accountability in decision making and demonstrates in practice.		

Figure 19. Example of final Delphi round competency review.

There was consensus with the Delphi panel that open disclosure should be

included as its own assessment criteria statement (73%), and a final review of

competency wording and statement construction of all 33 assessment criteria was

agreed upon, with a minimum consensus percentage of 73%. This provided face validity

of the professional practice competency. Overall consensus of the group was achieved

for each of the 33 statements. One statement received 73% consensus, six statements

received 81% consensus, three statements received 91% consensus and 23 statements

received 100% Delphi panel consensus. Thus, the professional practice competency was

developed from statements reaching over 73% consensus from a panel of expert nurses in WA.

4.2.5 Summary of Phase 1—Delphi findings. Following completion of four rounds of Delphi responses, the data collected about student assessment of professionalism during clinical practice were themed as depicted in Figure 20. These five themes formed the framework for assessment of student professionalism, with each theme represented within the 33 statements under the headings of knowledge, skills and attitudes.

Figure 20. Delphi themes.

4.2.5.1 Professional attitudes. The theme 'professional attitudes' was indicative of the Delphi panel responses on the accepted behaviours and actions of undergraduate nurses. The participants felt strongly that students should have a sense of their own values and beliefs, and should be able to consider how these may differ from those held by their patients and work colleagues:

a student should have the ability to reflect on their experience, knowledge,

actions and feelings and beliefs, to be honest with oneself, to have an awareness

of how others may perceive them.

Similarly, this need to appreciate others' values was expressed as a 'Strong sense of sensitivity and acceptance of others' values, beliefs and differences'. In addition, participants related that it was important that students could separate home and work life, as expressed through their commitment to the workplace culture:

an inquiring mind, open to feedback and a positive attitude, the ability to leave

personal stressors/problems at home, engaged, well prepared … grateful for

experience, positive, respectful … reflective, seeks to explore own

feelings/experiences to make sense/empathise with patients/colleagues to

provide patient centred care.

Thus, professional attitudes are a precursor to the demonstration of professional behaviours and subsequent actions by students in the clinical setting. These positive attitudes are also reflected in the standards and codes of the profession and the university graduate attributes.

4.2.5.2 Professional communication. Professional communication is central to safe and effective nursing care, and was highlighted in identified keywords: 'effective communication', 'intuitive', 'communication styles', 'reflective', 'clear' and 'appropriate communication'. The participants presented these ideas with a focus on communication and teamwork: 'I do feel that more emphasis should be placed on certain attributes. For example communication, critical and reflective thinking, technical competence and team work' and 'Teamwork, ability to self-appraise learning and communication styles to more effectively work and communicate with patients and colleagues'.

The essence of communication was noted as important when it flowed through to patient care: 'the most fundamental skill I expect from any student in any stage is that they can communicate with their patient'. One participant succinctly explained:

> I value interpersonal skills, communication and physical assessment in all nurses. If a nurse has well developed skills in these areas, I believe that it increases the chance that they will adapt to a wide variety of placements and patient types.

As described by the participants, communication played a significant role in the final professional practice competency statements, as discussed later in this chapter.

4.2.5.3 Professional knowledge. Clinical experience is an important source of knowledge for nursing students, and the development of a professional knowledge base establishes itself through repeated exposure to the clinical environment, allowing experiential learning (Levett-Jones et al., 2018). A number of statements from the Delphi panel supported the importance of knowledge as a theme. One participant provided insight into the areas of knowledge deemed important in the clinical environment: 'An undergraduate nurse is expected to … be aware of where to access local policy/procedures, be aware of own scope of practice … and [have] essential basic nursing care skills'.

The following response indicated a more global perspective of knowledge and the importance of consolidating theory to practice: 'Skills, practice and experience are important, but if we ensure our undergraduates understand basic principles, we have the foundations to support them in applying these principles to a diverse range of patients and scenarios'. The application of knowledge in different contexts was indicated as highly valued. A number of professional practice competency statements demonstrated

the essential professional knowledge expected of the students from the study site. These are discussed in detail in Phase 2.

4.2.5.4 Professional standards. Professional nursing standards and codes underpin safe, effective, competent and patient-centred nursing care and reinforce the professional responsibility and accountability required of the roles of RN and undergraduate nurse (NMBA, 2016, 2018a). This theme was amply represented in the Delphi responses. Comments identified the link between codes, standards and legislation governing practice, and their influence on the behaviours and attitudes of professional nursing students: 'students should know that there is a code of ethics and code of conduct and legislation that underpins practice—understand how these codes may affect their decision making, behaviour and attitudes within the profession'.

Similarly, the following participant identified the requirement for additional knowledge around accountability and its role in national safety initiatives, such as the National Safety Standards: 'Students need knowledge and understanding of ethics and conduct, and how this applies in a hospital setting' and 'students should have an understanding of accountability, and knowledge of NSQHS standards and their application to patient safety'. The importance of professional nursing standards was highlighted—specifically, how these were understood and applied in the students' practice.

4.2.5.5 Professional relationships. Professional relationships were categorised by the keywords of professionally expected attitudes, behaviours, perceptions and communication styles, and the influence of these factors on patient experience, patient care outcomes and effective collaboration with the interdisciplinary team. In particular, the following participant connected professional relationships with the university graduate attribute of 'active citizenship' to the student clinical placement:

In regards to 'community', I'm not sure if you intend the Commitment to Active Citizenship to apply just to the general community, but I believe that it should apply to the health, hospital and ward community. I would like the undergraduates to understand that even on a short term basis, they are part of our micro communities and as such we are excited to impact on their education, development and socialisation, but the relationship is reciprocal and they will also have the capacity to impact our community in a positive (or negative) way.

A number of the participants described the importance of the various codes of conduct and frameworks for practice that relate directly to professional relationships. One participant stated: 'A professional nursing student should follow the code of conduct and maintain professional boundaries'. Additionally, this extended beyond the workplace: 'understand that the occupation of "nurse" extends beyond the workplace to uphold conduct and ethical codes due to the nature of influence and trust the nursing profession inherently has with the general public'.

Professional relationships also involve self-care and cultural competence in practice: 'knowledge of self-care and strategies to overcome challenges faced within the nursing profession i.e. fatigue, burnout etc.—difference between responsibility, accountability and duty of care—cultural sensitivity and respect'. The effect on the delivery of safe and appropriate care in health settings was also reflected in the responses, and supported the further development of the professional practice competency criteria to assess student nursing practice.

In summary, these five themes formed the core meaning of professionalism for the assessment of nursing students on clinical placement. These themes were articulated through the three areas of knowledge, skills and attitudes, and together comprised a total of 33 standard statements. Following the confirmation of face validity, the next phase of

the study involved the determination of content validity with the end-users of the competency—the CFs. In the next section, Phase 2, the findings of the content validity testing will be discussed.

4.3 Phase 2

This part of the chapter outlines the Phase 2 data analysis and discusses the calculation of response rate and confirmation of content validity for each of the professional practice competency assessment criteria. Phase 2 consisted of analysis of 58 responses to 34 questions using a SurveyMonkey (SurveyMonkey.com, 2018) survey. The survey was anonymous and no demographic data were collected to ensure the identity of participants was protected and to promote honest and open responses when ranking each of the 33 assessment criteria. The researcher acknowledged the importance of the anonymity of the CF group with particular reference to the HREC clearance (Appendix 16) and the fact that all CFs were employed at the study site and directly reported to the researcher as their line manager.

Each question in the survey related to a criteria assessment from the ToS. The aim of the data analysis was to establish whether the professional practice competency criteria were able to measure or assess undergraduate professional practice in the clinical setting. The CF group was invited to complete the survey via a SurveyMonkey link (Appendix 11). As expert end-users of the professional practice competency, the CFs were viewed as the most appropriate participant group to undertake Phase 2. Analysis of each competency statement reviewed is reported below using descriptive statistics, indicating the level of consensus of opinion about the ability of each statement to assess the professional practice of the undergraduate nurses from the research site. In Phase 2, the accepted level of consensus for content validity—also described in the literature as logical validity—was 75% consensus (agree or strongly agree), which is

within the accepted ranges in the literature for ensuring validity (Foth et al., 2016; Newman et al., 2013). The statements detailed below all met the minimum inclusion accepted level of consensus (75%) for content validity. The participants were welcome to provide a comment with their rating; however, this was not essential to the content validity process. Where comments were provided, these have been included with the statement data. Additionally, at the end of the survey, the participants were invited to provide further comment. This will be reviewed separately at the conclusion of this section.

4.3.1 Statement 1.

Integrates NMBA *Code of Conduct for Nurses* and *Registered Nurse Standards for Practice*, ICN *Code of Ethics for Nurses*, *Health Practitioner Regulation National Law (WA) Act 2010*, *Medicines and Poisons Act 2014* and mandatory reporting obligations of the RN into practice as a student RN.
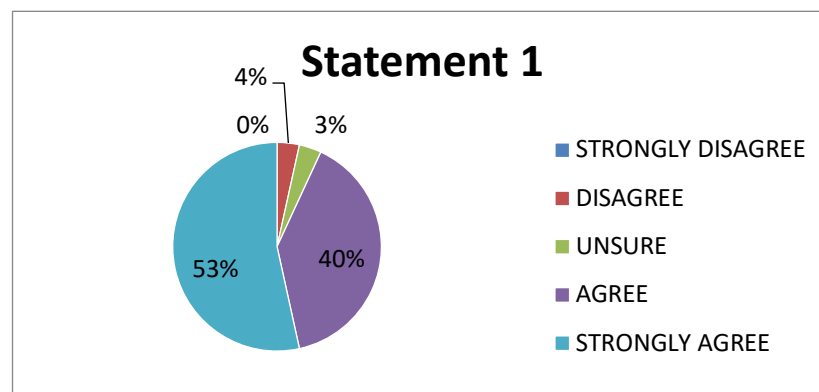
Graph 1. Statement 1 ToS results.

The results for Statement 1 indicated that 93% of the participants either agreed or strongly agreed that the statement was important and should be included in the professional practice competency. The following statement supported this inclusion: 'know that there is a code of ethics and code of conduct and legislation that underpins practice—understand how these codes may affect their decision making, behaviour and attitudes within the profession'. The other 7% included 3% of respondents who were

unsure and 4% who disagreed. This is a concern that warrants investigation regarding why some CFs did not emphatically agree with the profession's guiding policies.

4.3.2 Statement 2.

Prioritises accountability in decision making and integrates knowledge of open disclosure process in practice.
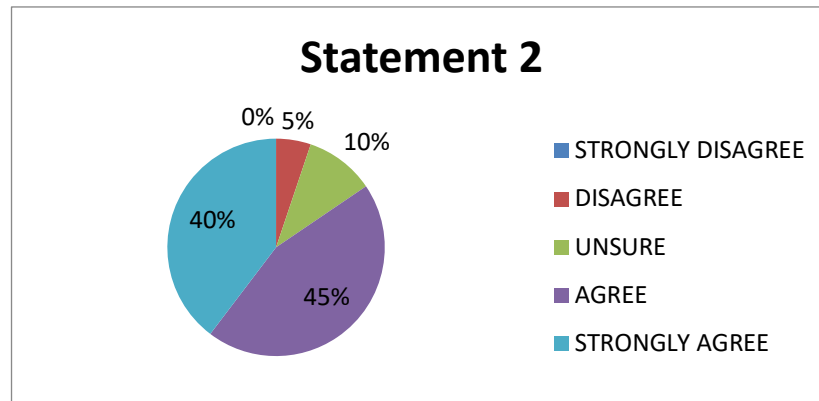
Graph 2. Statement 2 ToS Results.

The responses for Statement 2 indicated that 85% of participants either agreed or strongly agreed that the statement should be included in the professional practice competency. Of note, 5% of CF participants disagreed with its inclusion and 10% were unsure about its inclusion. During Phase 1, 33% of the Delphi panel also disagreed that this statement should be included. The following comments provide insight into the CFs' consideration of the statement: 'I don't think open disclosure warrants its own statement. In reality as beginning practitioners, open disclosure should be a process that is supported by a senior RN and I think this is too high of an expectation' and 'At this level I think the undergraduates can bear witness to Open Disclosure, but should not be expected to actively participate in the process'. Despite these initial opinions and ratings, majority consensus was obtained for this statement and confirmed by a comment to support its inclusion: 'knowledge of NSQHS standards and their

application to patient safety including open disclosure processes following errors in care'.

4.3.3 Statement 3.

Prioritises decision making and adapts practice to comply with codes, standards and legislation governing nursing practice within current scope.
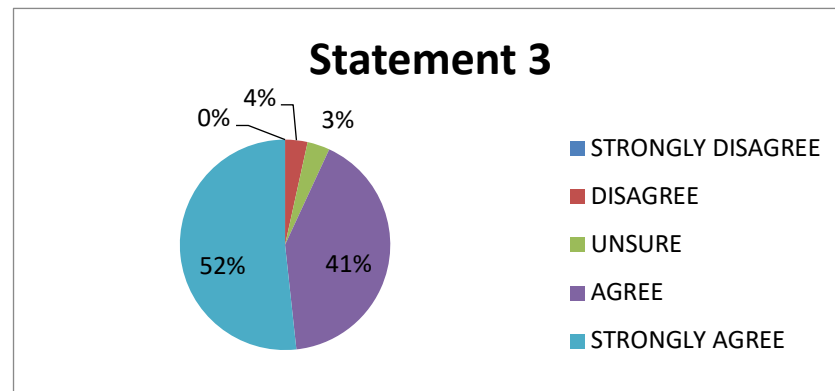
Graph 3. Statement 3 ToS Results.

The responses to Statement 3 indicated that 93% of respondents strongly agreed/agreed that this statement should be included in the professional practice competency. The following comment provided an example of evidence of support: 'An undergraduate nurse is expected to have critical thinking skills, be aware of where to access local policy/procedures, be aware of own scope of practice'. Of the other 7%—comprising unsure responses (3%) and disagreeing responses (4%)—there were no statements indicating the CF thought processes on why there was no agreement regarding compliance with the codes, standards and legislation that underpin decision-making processes and practice within the current scope of the student.

4.3.4 Statement 4.

Demonstrates systematic patient assessment, analysis of findings and ability to prioritise and coordinate patient care.
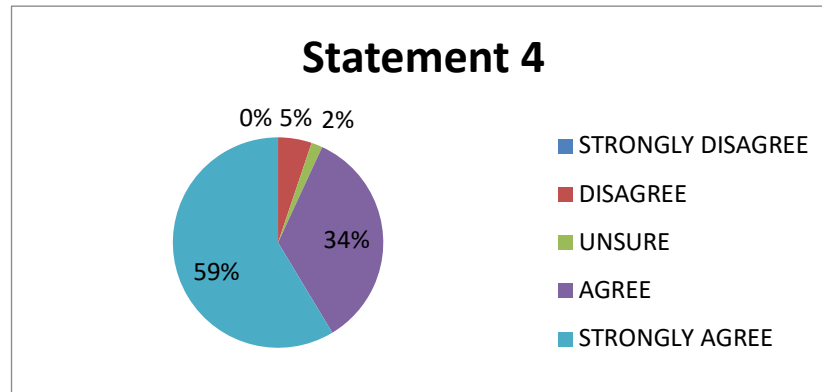
Graph 4. Statement 4 ToS Results.

The responses to Statement 4 indicated 93% consensual agreement for inclusion of this statement in the professional practice competency. Of the remaining 7% of responses, only 2% were unsure and 5% disagreed. Given that patient assessment is a fundamental nursing practice, analysis of the assessment and subsequent ability to prioritise and coordinate care is an expected function of RNs. No comments were provided to explain the CFs' understanding of this statement.

4.3.5 Statement 5.

Integrates recognised reporting mechanisms to escalate patient care in response to clinical deterioration.
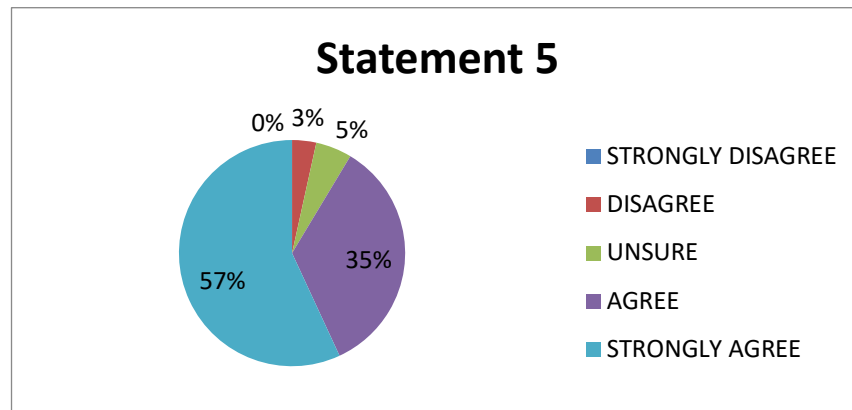
Graph 5. Statement 5 ToS Results.

Statement 5 recorded 92% consensus, with 57% of responses rated as 'strongly agree' and 35% rated as 'agree'. No comments were provided to support the inclusion of this statement in the professional practice competency, and no responses were recorded to explain the 3% participant disagreement with this statement. The disagreement may suggest a need for further education of CFs about the various response systems in place in different healthcare settings in order to reduce confusion in the assessment of nursing student practice.

4.3.6 Statement 6.

Demonstrates accountability in decision making and practice.

Statement 6

0% 5%   5%

52%   38%

- STRONGLY DISAGREE
- DISAGREE
- UNSURE
- AGREE
- STRONGLY AGREE
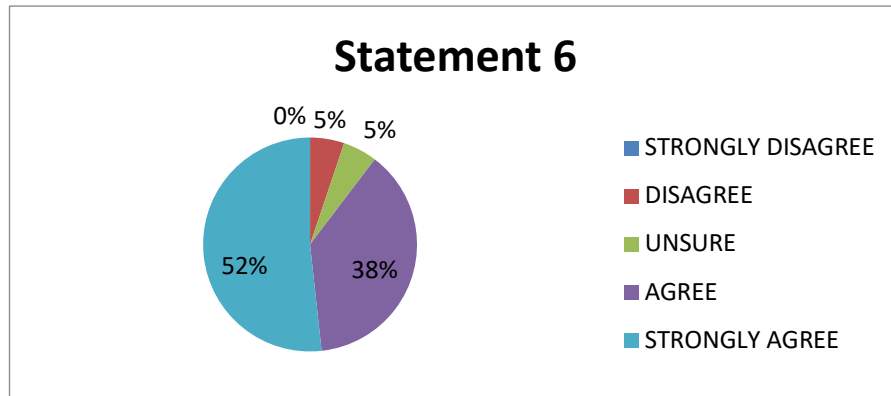
Graph 6. Statement 6 ToS Results.

There was a 90% agreement that Statement 6 should be included in the professional practice competency. A significant statement supporting this inclusion was: 'a student is encouraged to be accountable for their actions over each shift and that this is reflected in their documentation'. No participants strongly disagreed with its inclusion; however, 5% of the participants stated that they disagreed. No comments were provided by the participants for this response; thus, the researcher can only assume that these participants may have felt that the students were still learning and were not required to demonstrate this until full registration.

4.3.7 Statement 7.

Analyses assessment results and collaborates in decision making and care planning with mentoring staff.
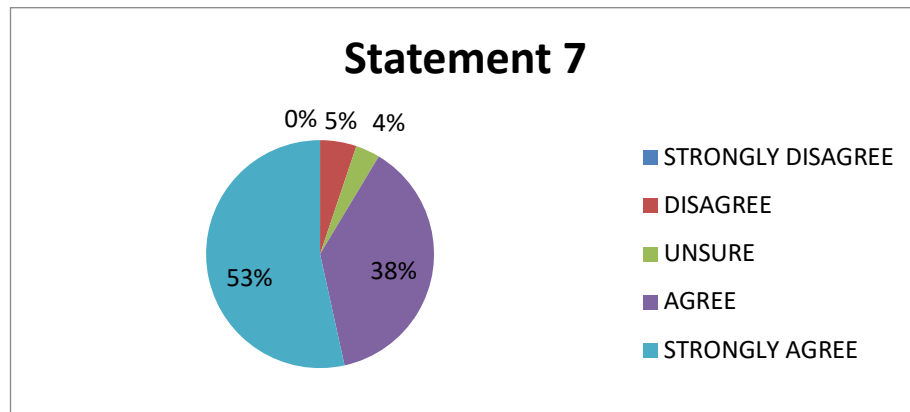
Graph 7. Statement 7 ToS Results.

Statement 7 received 91% consensus from the CF participants. It was noted that 5% of the CF participants disagreed and 4% were unsure about the inclusion of this statement. While no specific reasons were provided, it may be that this statement was considered unclear regarding the expectation of the assessment. It is possible that there were concerns around the assessment of the students' analysis of assessment results and the subsequent collaboration, and that these may not have occurred together. However, overall consensus by the CF participants supported its inclusion in the professional practice competency. Comments provided by the participants in support of this statement particularly focused on the need for both the supervisor and student to ask questions about the patient, and to consider the patient situation and care required. The following comments highlighted the importance of asking the student questions: 'Asking appropriate questions relevant to patient care and their current clinical skills' and 'undergraduate nurse should have sound knowledge'. Other participants perceived

problem solving as being important for assessment and decision making: 'Problem solving abilities as difficulties arise' and 'be able to problem solve in a logical manner'.

4.3.8 Statement 8.

Integrates sound knowledge of pathophysiology and pharmacology to support clinical decision making.
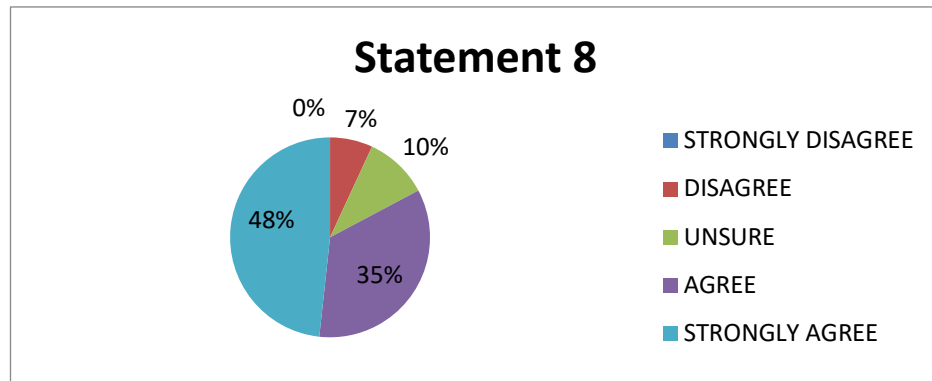
Graph 8. Statement 8 ToS Results.

The responses for Statement 8 indicated 83% agreement for inclusion in the professional practice competency. However, 7% of the CF participants disagreed and 10% were unsure about its inclusion in the competency. While there were no specific negative comments made by the CF participants, it could be that the respondents perceived that assessment of this theoretical knowledge in the clinical setting equalled an increase in their workload, and could be viewed as the role of the university.

4.3.9 Statement 9.

Applies National Safety and Quality Health Service Standards to patient care.
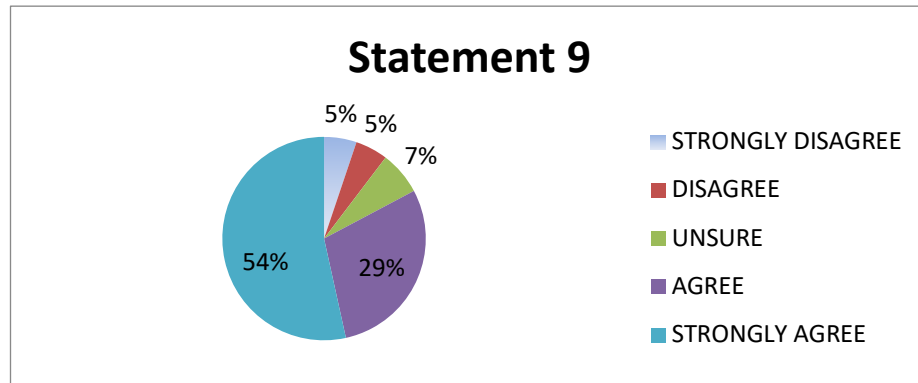
Graph 9. Statement 9 ToS Results.

Statement 9 received 83% agreement, while 5% of respondents strongly disagreed, 5% disagreed and 7% were unsure (a total of 17% of the CF participants). While there was no specific comment to explain this rating, there was feedback stating: 'Some [statements] are very theoretical and very hard to assess and apply'. On consideration, this response may indicate a concern by CF participants about knowledge that is beyond the expectations of the undergraduate nurse and lies with newly qualified graduate nurses on entry to the workplace. Alternatively, there may be a knowledge deficit in the CF participants, which may inform current CF education sessions at the university with the need for more detailed instruction on the NSQHS standards and application to patient care.

4.3.10 Statement 10.

Incorporates NMBA code of conduct and ICN code of ethics in communication, behaviour and attitudes in and out of the clinical setting.
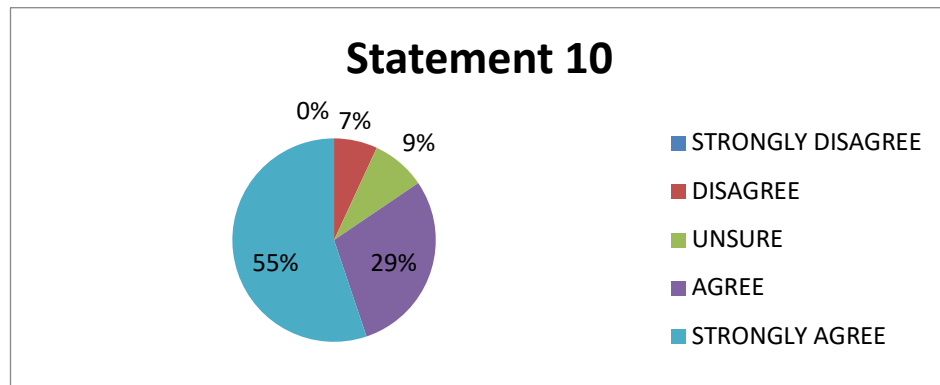
Graph 10. Statement 10 ToS Results.

Statement 10 received 84% consensus, with 7% disagreeing and 9% unsure about including this statement. Non-specific comments were made, such as: 'in and out of clinical setting' and 'Maybe reword to … "whilst on clinical practicum"'. This lower rating may indicate possible concerns among the CFs about the assessment of students' practice outside of the clinical setting, when they are only employed to facilitate during placements. This may have further implications at tertiary level and can be included in review processes at the university. The slightly lower rate of consensus may also reflect the similarity to Statement 1 ('Integrates NMBA *Code of Conduct for Nurses* and *Registered Nurse Standards for Practice*, ICN *Code of Ethics for Nurses*, *Health Practitioner Regulation National Law [WA] Act 2010*, *Medicines and Poisons Act 2014* and mandatory reporting') and lack of knowledge of the specific content of these codes.

4.3.11 Statement 11.

Demonstrates understanding of responsibility for duty of care to patients and their families.

Statement 11

2%
0%
2%
36%
60%

- STRONGLY DISAGREE
- DISAGREE
- UNSURE
- AGREE
- STRONGLY AGREE
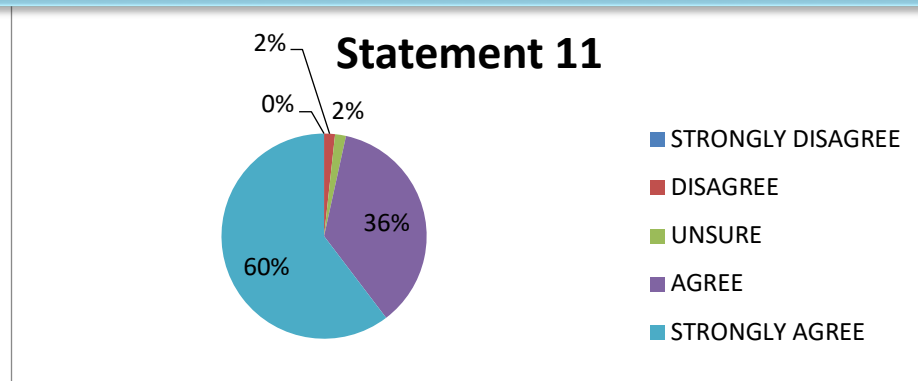
Graph 11. Statement 11 ToS Results.

A consensus rate of 96% (strongly agree/agree) and 0%strongly disagree responses provided an emphatic inclusion of Statement 11 in the professional practice competency. A comment was made by one CF participant on the wider perspective related to this statement: 'Not all patients families do we have a Duty of Care to. Especially patients that are under guardianship OR patients who don't want their families to know about their medical/nursing care'. Of the remaining 4%, the responses were equally spread between unsure (2%) and disagree (2%); however, no comments were provided to allow the researcher to gain a deeper understanding of the participants' view of the students' role in duty of care for their patients and families.

In consideration of this feedback and the wording of this statement, the researcher was aware of the criteria for the role of the CF. The requirement is for a five-year minimum of clinical experience, which is the guiding factor to the application of context to the professional practice assessment of the student. Generally, patients engage in their healthcare with those individuals who care about them, such as family, friends or carers. Nursing implies a duty to those being cared for, and duty entails

responsibility and professional expectation to support and educate the patient and those who provide care following discharge. The majority consensus accepted this statement as an inclusion in the competency, and the comments provided were noted as important to CF education sessions for discussion of complicated contexts outside of the 'norm'.

4.3.12 Statement 12.

Demonstrates timely and responsive care to ensure patient safety in a changing environment.

Statement 12

0% 2%   5%

34%

59%

- STRONGLY DISAGREE
- DISAGREE
- UNSURE
- AGREE
- STRONGLY AGREE
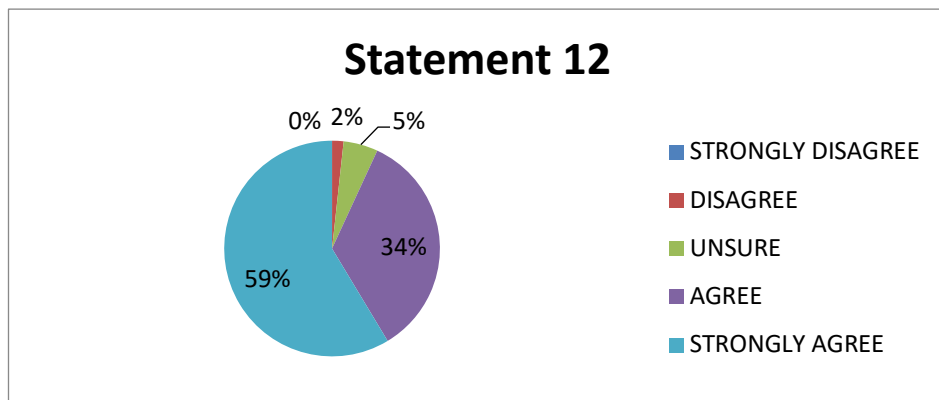
Graph 12. Statement 12 ToS Results.

The inclusion of Statement 12 in the professional practice competency was justified in view of over 90% consensus of this statement (59% Strongly agree and 34% agree). No specific supporting statements were offered by the CFs in this phase. No participants strongly disagreed with the statement, and only 2% disagreed, while 5% were unsure with 34% agreement. Again, these small numbers may have been indicative of some concern that students do not hold overall accountability for the patient.

4.3.13 Statement 13.

Applies evidence-based theory to practice.
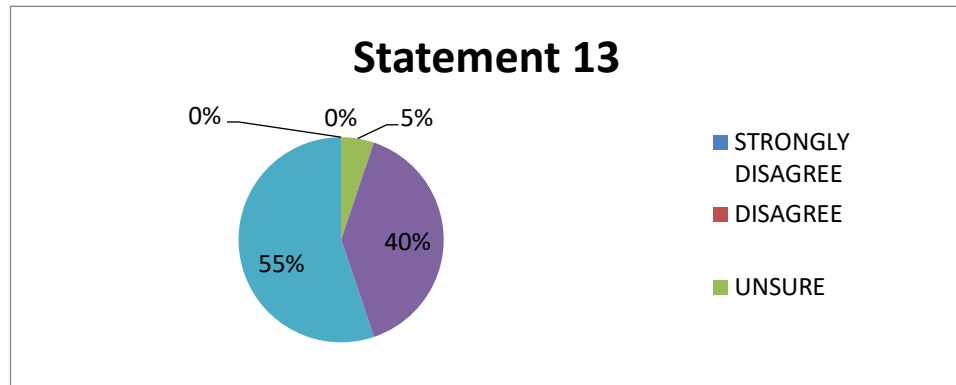
Statement 13

Graph 13. Statement 13 ToS Results.

The CF responses to Statement 13 were strongly supportive of its inclusion in the professional practice competency, with 95% agreement from respondents, and no responses in the 'disagree' or 'strongly disagree' categories. No comments were provided by the participants; however, the results indicated overwhelming support for its inclusion.

4.3.14 Statement 14.

Ensures safety of self and others during nursing interventions.
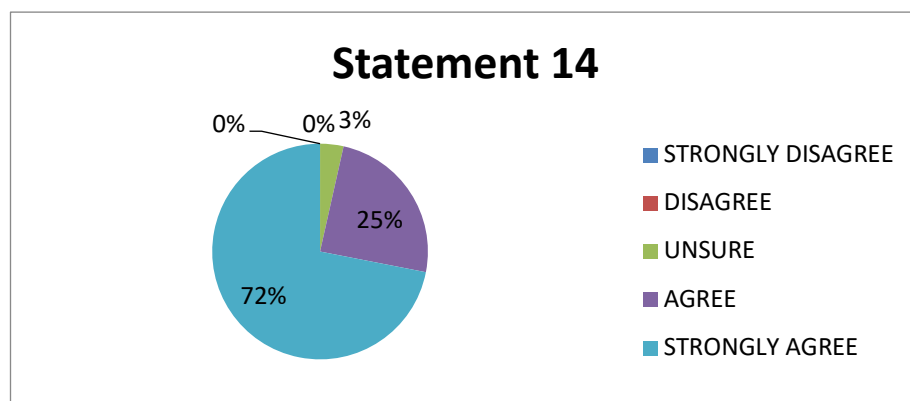
Statement 14

Graph 14. Statement 14 ToS Results.

This statement was highly rated with strong agreement by 72% of the participants, and total agreement from 97% of CF respondents. No participants strongly disagreed or disagreed. While a response rate of 3% for 'unsure' was surprising, this may relate to some participants' view that the health service and supervising RN maintain responsibility for safety. No supporting comments were provided by the participants.

4.3.15 Statement 15.

Demonstrates flexibility and an ability to multi-task workload.

Statement 15

0% 4% 5%

46%

45%

- STRONGLY DISAGREE
- DISAGREE
- UNSURE
- AGREE
- STRONGLY AGREE
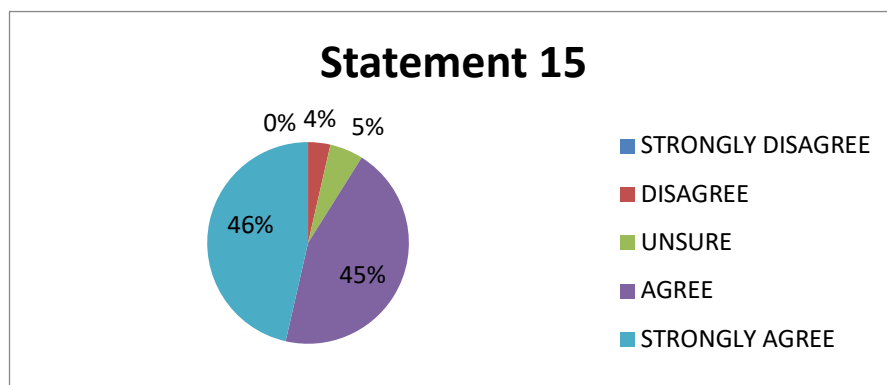
Graph 15. Statement 15 ToS Results.

Statement 15 received 91% consensus from respondents (46% strongly agree and 45% agree), with 4% disagreeing and 5% unsure about the inclusion. This statement may be more open to subjective, rather than objective, assessment, where a student's ability to prioritise workload and display flexibility may be measured in a variety of ways, depending on the CF's own experience and practice. In addition, contextual factors may impede this assessment, such as the acuity of placement and the ability for the student to be directly involved in all patient care coordination, within their student

scope of practice. Majority support was obtained, thereby warranting inclusion in the

professional practice competency.

4.3.16 Statement 16.

Independently establishes and works within own scope of practice.

Statement 16

0%   0%   0%
STRONGLY DISAGREE
DISAGREE
36%   UNSURE
64%   AGREE
STRONGLY AGREE
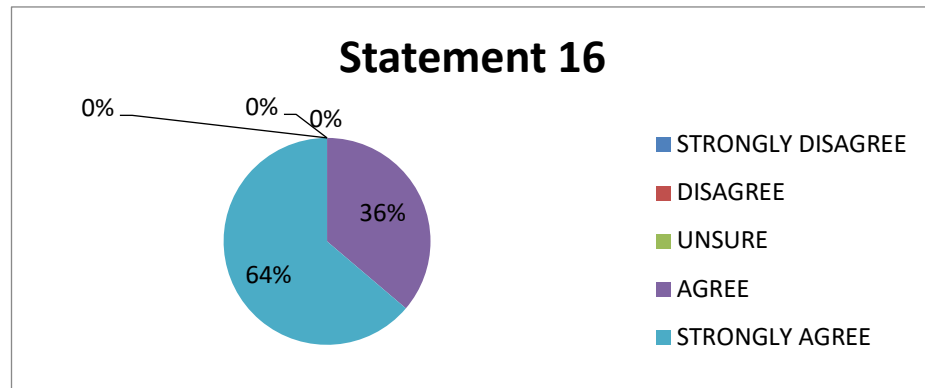
Graph 16. Statement 16 ToS Results.

Statement 16 received 100% agreement from all CF participants (64% strongly

agree and 36% agree), thereby justifying its inclusion into the professional practice

competency. There were no supporting statements from participants. This response may

highlight the importance of student nurses understanding their scope of practice, and its

influence on all other elements of assessment. If students fail to understand their scope,

this will influence all other aspects of their practice and ability to be assessed as a safe

practitioner.

4.3.17 Statement 17.

Demonstrates sound interpersonal skills in effective interprofessional communication.

Statement 17

0%   2%   3%

33%

62%

- STRONGLY DISAGREE
- DISAGREE
- UNSURE
- AGREE
- STRONGLY AGREE
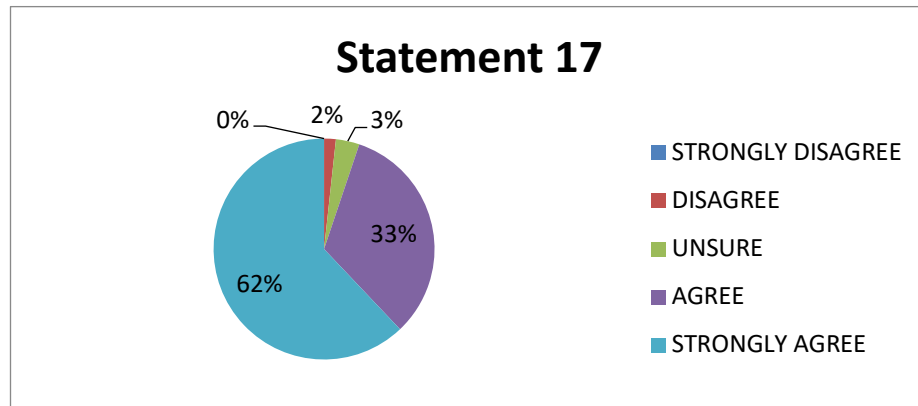
Graph 17. Statement 17 ToS Results.

The respondents rated 'strongly agree' and 'agree' to reach a total consensus of 95% for Statement 17. There were no additional comments made to support this statement by the CF participants. As a result of the nature of the statement, no participants strongly disagreed; however, the researcher was surprised that 2% disagreed and 3% were unsure whether effective interprofessional communication was important for assessment. Again, this may relate to the expectation placed on a student versus a graduated nurse.

4.3.18 Statement 18.

Advocates for patients.
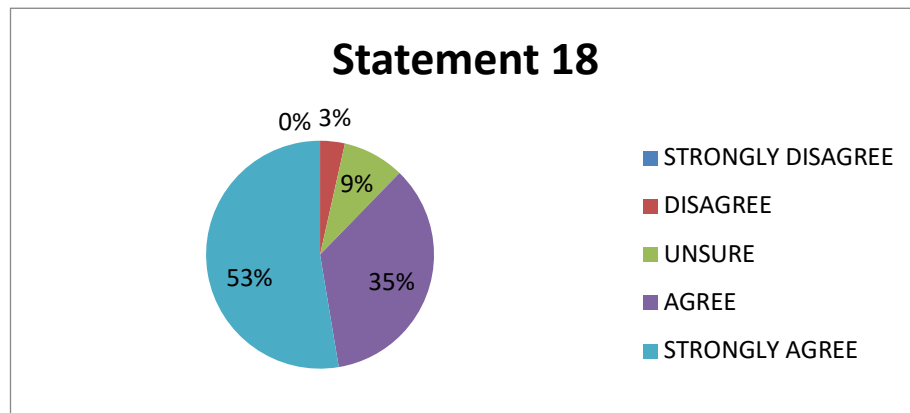
Graph 18. Statement 18 ToS Results.

Statement 18 received 88% agreement from CF participants, while 3% disagreed and 9% were unsure of inclusion into the competency. One comment provided by a CF participant may indicate why this level of uncertainty existed in these responses: 'I believe there are a number of variables to some of these Q for example patient advocacy students are very often too scared to say anything in relation to provision of care'. The reasonably high response rate of the 'unsure' category (9%) requires further investigation because of the significance of nurses' roles as patient advocates in the contemporary healthcare environment.

4.3.19 Statement 19.

Applies critical thinking and analysis to enable problem solving.

Statement 19

0%   2%   4%

53%   41%

- STRONGLY DISAGREE
- DISAGREE
- UNSURE
- AGREE
- STRONGLY AGREE
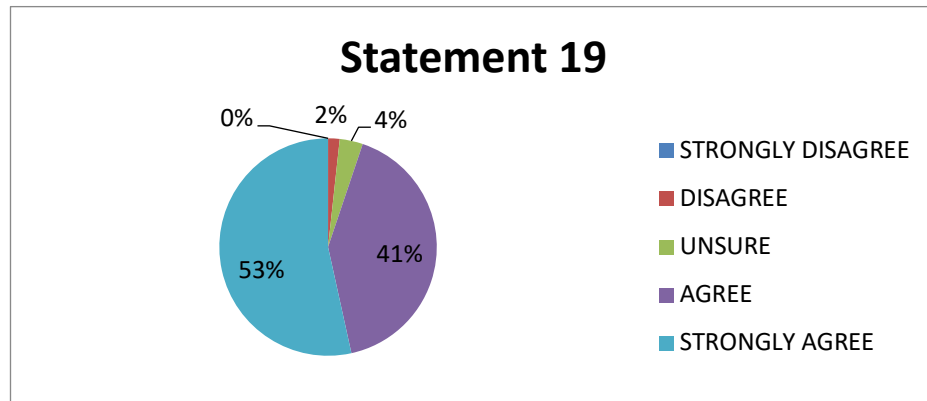
Graph 19. Statement 19 ToS Results.

Statement 19 received 94% agreement from the CF participants, and was included in the professional practice competency. Again, no participants strongly disagreed, while 2% disagreed and 4% were unsure. There were no supporting comments from participants; however, as a fundamental skill for students and RNs, this level of uncertainty requires further investigation.

4.3.20 Statement 20.

Demonstrates ability to work as an effective team member.

Statement 20

2%
0%   2%

66%   30%

- STRONGLY DISAGREE
- DISAGREE
- UNSURE
- AGREE
- STRONGLY AGREE
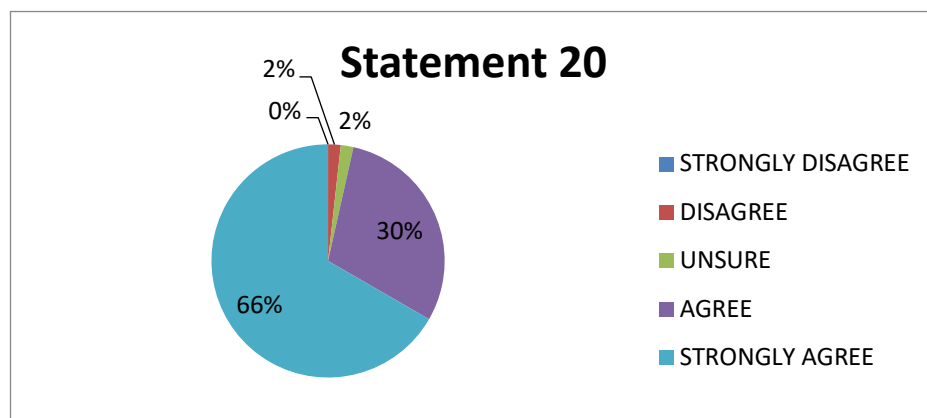
Graph 20. Statement 20 ToS Results.

Statement 20 was included in the professional practice competency, with a 96% consensus among the CF participants. There were no participant responses to support the 96% consensus. Moreover, with no responses to explain the 2% disagreement with this statement, it is worth investigating further why a CF would not expect a student to work as an effective team member.

4.3.21 Statement 21.

Independently identifies and manages patient activities of daily living.

Statement 21

0% 4% 5%

51% 40%

- STRONGLY DISAGREE
- DISAGREE
- UNSURE
- AGREE
- STRONGLY AGREE
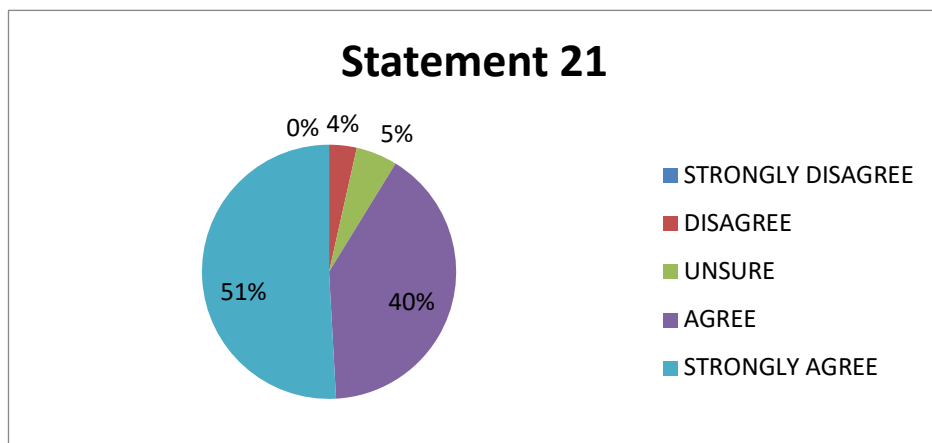
Graph 21. Statement 21 ToS Result.

Statement 21 was included in the professional practice competency, with 96% agreement from the CF participants. No comments were made by participants regarding this statement. A response rate of 5% for 'unsure' and 4% for 'disagree' does highlight some uncertainty. As an essential skill for the graduating student, this again highlights some evidence for further investigation with the CF group.

4.3.22 Statement 22.

Presents to placement adequately prepared, with an inquiring mind and positive attitude, and is receptive to feedback.
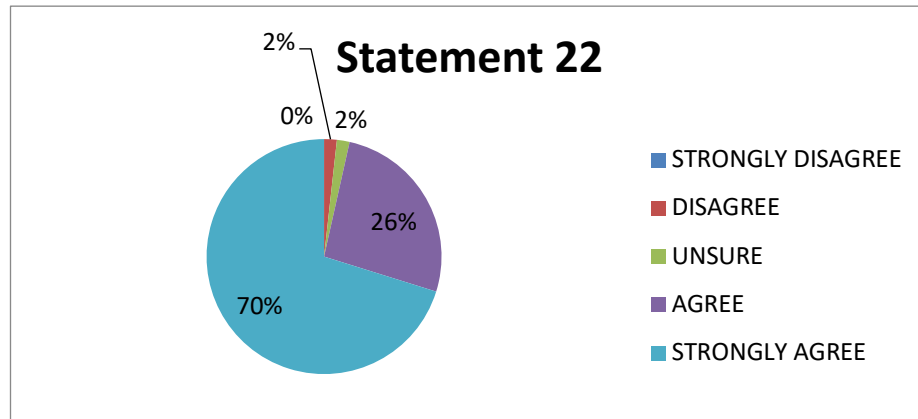
Graph 22. Statement 22 ToS Results.

There was a 96% consensus (70% strongly agree and 26% agree) to include Statement 22 by the CF participants. There were no supporting comments by the CF participants, and the researcher interprets this overwhelming consensus as indicating the importance of this statement in assessing professional attitudes in undergraduate nursing practice.

4.3.23 Statement 23.

Demonstrates sensitivity and acceptance of others' beliefs, values and differences in provision of person-centred care.
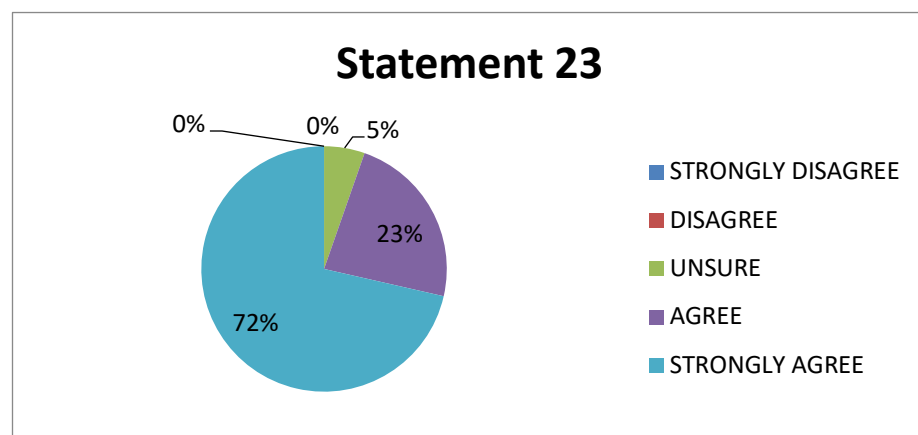
Graph 23. Statement 23 ToS Results.

Statement 23 links strongly with the graduate attributes and objects of the study site, and was rated strongly, with 95% consensus that this statement be included in the competency. However, a response rate of 5% for the 'unsure' category highlights some concern, given that this statement not only reflects the university graduate attributes, but also supports the standards of practice for the RN and the nursing codes of conduct and ethics.

4.3.24 Statement 24.

Reflects on past experiences and applies this knowledge to enable adaptation to clinical environment.
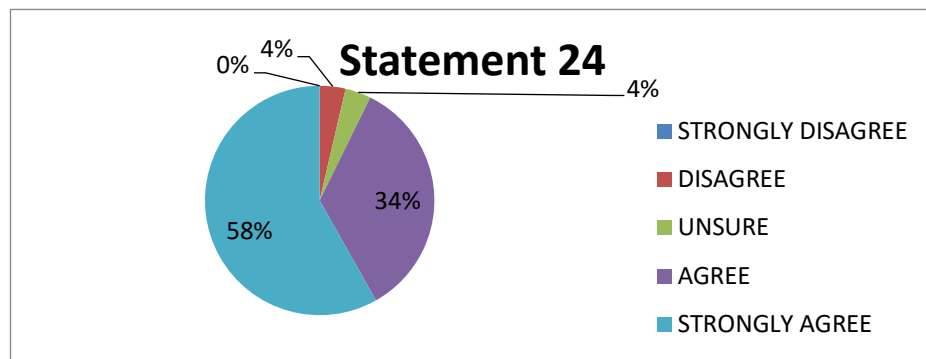
Graph 24. Statement 24 ToS Results.

Statement 24 received a consensus rating of over 90%, with 58% who strongly agreed and 34% who agreed. There were no supporting comments to explain the 4% participant disagreement and 4% of unsure responses. In consideration of this rating, there may be a wide range of interpretation and lack of specific instruction to assess professional practice. The statement may also be open to individual CF's subjectivity in assessment.

4.3.25 Statement 25.

Acts in a professional and respectful manner at all times.

Statement 25

0%   0% 2%

- STRONGLY DISAGREE
- DISAGREE
- UNSURE
- AGREE
- STRONGLY AGREE

21%

77%
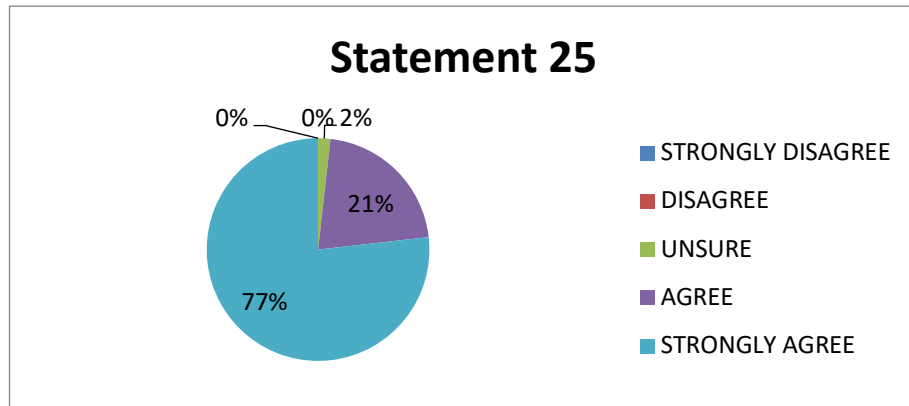
Graph 25. Statement 25 ToS Results.

Statement 25 received 98% consensus for inclusion in the competency, with 77% rating this statement as 'strongly agree'—the highest of all statements. No participants strongly disagreed or disagreed with the statement; however, 2% were unsure. The expectation for a majority consensus for this criterion related to the student nurses acting in a professional and respectful manner was confirmed, making the unsure responses alarming.

4.3.26 Statement 26.

Rationalises decision making with reflective and evidence-based responses.

Statement 26

0% 2% 5%

- STRONGLY DISAGREE
- DISAGREE
- UNSURE
- AGREE
- STRONGLY AGREE

54%   39%
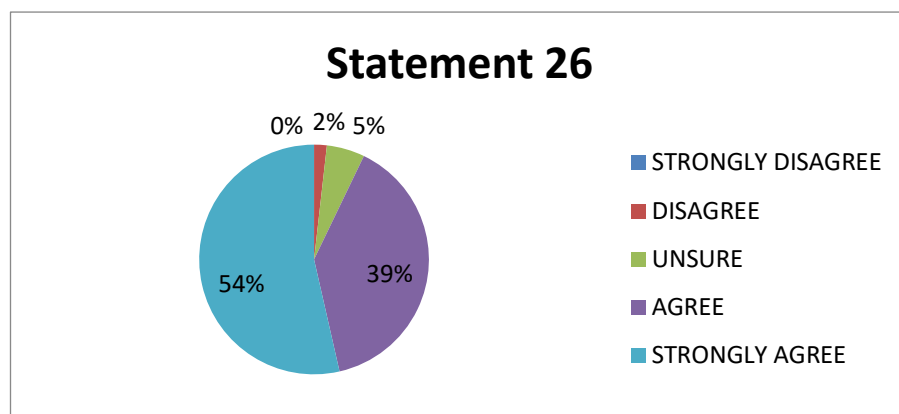
Graph 26. Statement 26 ToS Results.

The CF participants agreed with a rating of 93% (54% strongly agree and 39% agree) that Statement 26 should be included in the competency. No participant comments were provided to support the positive rating or to explain the 2% who disagreed and the 5% who were unsure. Thus, it would be worth following up the CF group's understanding of how reflective and evidence-based practices are integrated into decision-making processes.

4.3.27 Statement 27.

Identifies, respects and maintains professional boundaries with patients and their family, visitors and staff.
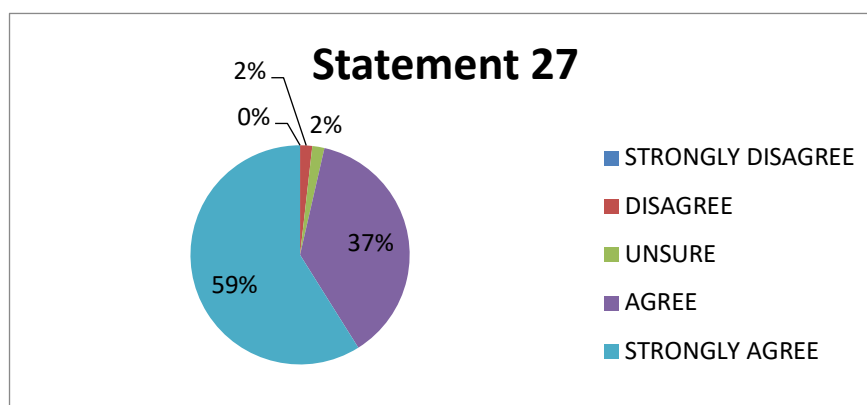
Graph 27. Statement 27 ToS Results.

Statement 27 received 96% consensus, supporting inclusion of this statement in the competency. There were no specific responses from the CF participants relating to support of this statement. A small number of participants disagreed (2%) and were unsure (2%), which left the researcher to consider the interpretation of the statement by these participants. Professional boundaries is a key issue related to the standards and codes of practice that students must abide by; thus, student adherence to these is vital.

4.3.28 Statement 28.

Relates and values staff contribution to learning on practicum.

Statement 28

0%   2%   3%

36%

59%

- STRONGLY DISAGREE
- DISAGREE
- UNSURE
- AGREE
- STRONGLY AGREE
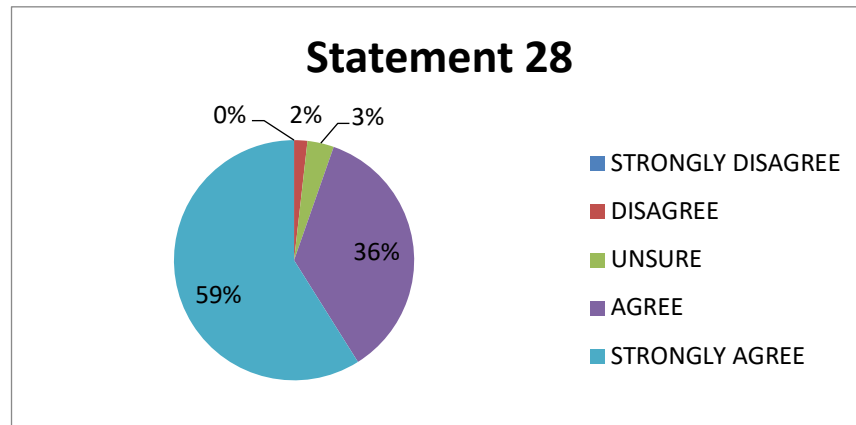
Graph 28. Statement 28 ToS Results.

Statement 28 was rated by 95% of CF participants as worthy of inclusion in the competency. There were no comments provided by the CF participants to explain the 3% of unsure responses and the 2% who disagreed with this statement. The researcher proposes that the CF may not see the same need for students to value and relate the contribution of staff to student learning while on placement, as did the Delphi participants.

4.3.29 Statement 29.

Consistently provides patient-centred care.

Statement 29

0%   0%   0%

29%

71%

- STRONGLY DISAGREE
- DISAGREE
- UNSURE
- AGREE
- STRONGLY AGREE
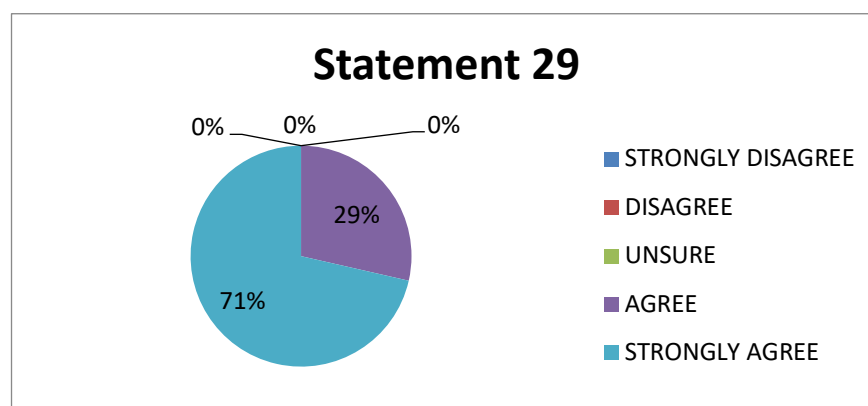
Graph 29. Statement 29 ToS Results.

Statement 29 was unique because it was rated 100% agreement among all CF participants, and did not receive any ratings of unsure, disagree or strongly disagree. This highlights the focus of patient-centred care in the nursing frameworks for practice and the wider healthcare sector literature.

4.3.30 Statement 30.

Develops a plan to manage identified learning needs.

Statement 30

- STRONGLY DISAGREE
- DISAGREE
- UNSURE
- AGREE
- STRONGLY AGREE

0% 0%
9%
45%
46%
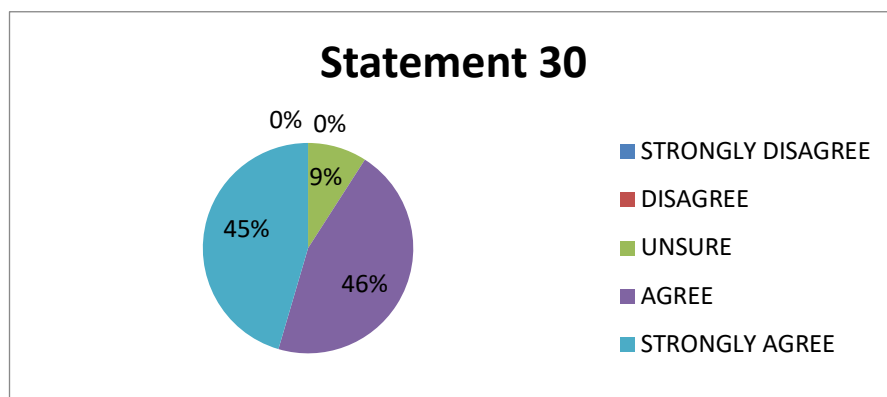
Graph 30. Statement 30 ToS Results.

Statement 30 was rated as 'agree' (46%) or 'strongly agree' (45%) by 91% of the CF participants. Of the other 9% of responses, the CFs were unsure. This statement refers to students' ability to identify their own learning needs while on placement. The 9% of unsure responses may be due to the fact that some CFs felt that student nurses may not be capable of independently identifying their own learning needs, and perhaps considered this an advanced skill more suited to the RN role. The researcher is surmising this possibility, as there were no comments made to reflect this level of indecision.

4.3.31 Statement 31.

Identifies and appropriately manages own response to stress.
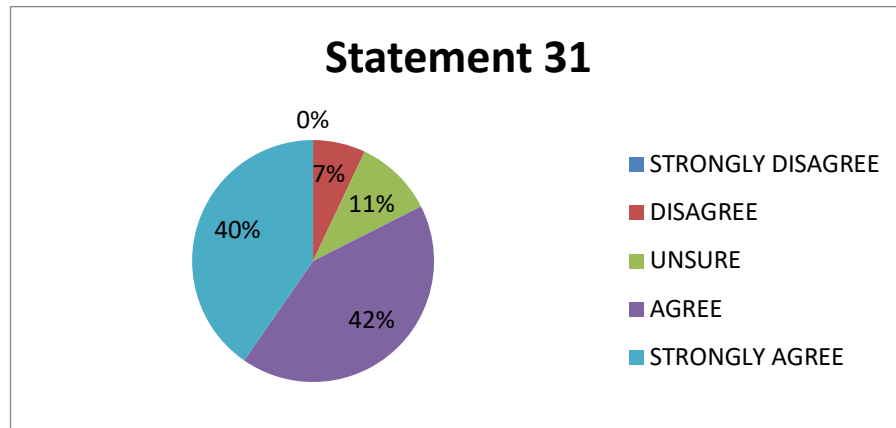
Graph 31. Statement 31 ToS Results.

Statement 31 received one of the lowest approval ratings, with 82% of participants strongly agreeing or agreeing, 11% unsure and 7% disagreeing that this statement be added to the competency. The CF participants provided comment on a number of reasons for the lower rate of agreement. One participant stated: 'a few may be harder than others to be able to assess of the student if they are not open to sharing their own responses/stresses to a situation'. The higher number of disagreement and uncertainty for this statement may indicate the difficulty in assessment in professional practice if students are not fully engaged in the placement and willing to share their feelings and reactions to events during placement. The perception may be that, if students and CFs have developed a trusting and supportive relationship, this assessment can be straightforward. Thus, the CF participants may require further education prior to implementation of the professional practice competency so that any potential difficulties, such as this example, can be addressed with additional techniques discussed that may aid in developing professional relationships with the students.

4.3.32 Statement 32.

Demonstrates emotional intelligence in practice and interactions with others.
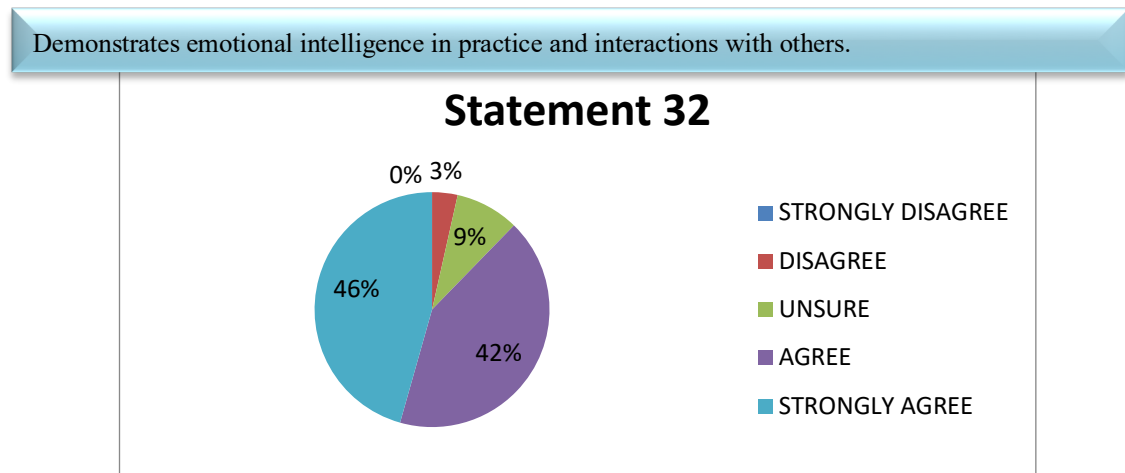
Graph 32. Statement 32 ToS Results.

Statement 32 received 88% agreement, which supported its inclusion in the professional practice competency. Three per cent of the CF participants disagreed with its inclusion and 9% were unsure. A participant comment in Phase 1 indicated that emotional intelligence may be an advanced concept that is difficult for a student to apply to practice; however, no specific comments were provided in Phase 2 on this topic to indicate similar opinions about the ability of nursing students to demonstrate emotional intelligence in practice.

4.3.33 Statement 33.

Represents Notre Dame University and self in a professional manner through both appearance and engagement with placement.
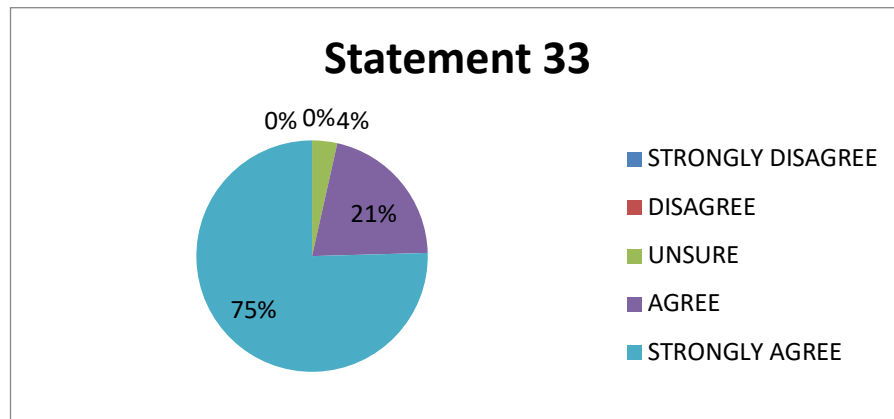
Graph 33. Statement 33 ToS Results.

Statement 33 scored highly, with 75% of the CF participants rating it as 'strongly agree' and 21% rating it as 'agree', leading to a combined agreement of 96%. No supporting comments were provided by the participants on this statement. The inclusion of this statement was particularly important because it reflects one aspect of the graduate attributes.

4.3.34 Overall quantitative findings of the ToS. Graph 34 provides an overall summary of the findings of the ToS's process for the content validity of the professional practice competency statements. Generally, the findings provided content validity, with a consensus rate of 80% or more for each of the statements. However, the researcher acknowledges the statements recording higher percentages of 'unsure', 'disagree' or 'strongly disagree'—particularly Statements 2, 8, 9, 31 and 32. These statements appeared to raise some queries regarding their ability to accurately assess the statement's intent. Some comments suggested clearer wording and mentioned different

contexts that may affect interpretation of the statements during clinical assessment of

professional practice. The researcher considered that the majority of CFs who indicated

consensus provided the validation required for the statements to remain in the

competency. The unsure and disagree/strongly disagree category responses highlighted

the need for additional CF education prior to implementation of the assessment within

the NCAS.
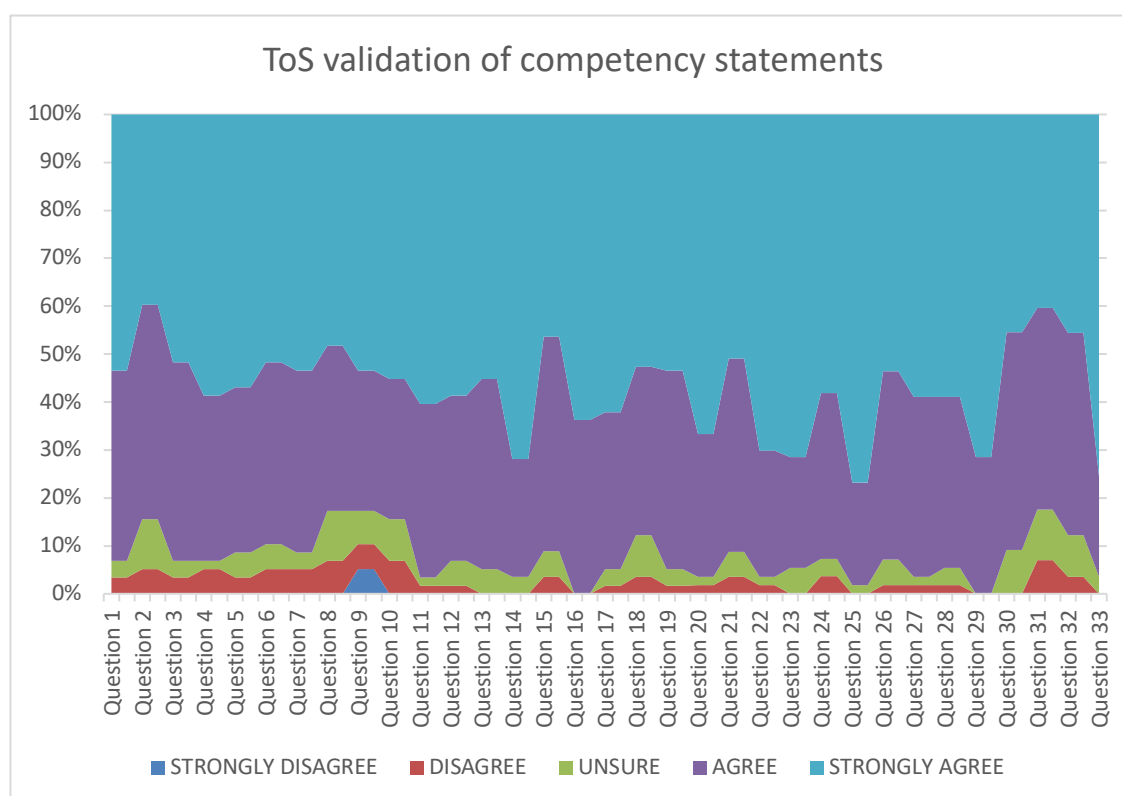
Graph 34. Overall findings.

4.3.35 Qualitative findings, Phase 2—ToS. The final question in the

SurveyMonkey survey asked the CF participants to comment on the assessment criteria

presented. A total of 15 comments were received from the CFs in the comments text

box within the survey. These comments provided confirmation of the 33 criteria

included within the professional practice competency. A sample of these qualitative responses is provided below.

A number of CF responses indicated that the statements presented for ranking adequately assessed professional practice within different clinical contexts. Two participants commented: 'These criteria cover a wider range of aspects of professional standards and would allow for a more precise assessment of the student' and 'All of them are very important, Comprehensive, thoughtful and valid'.

The CF responses indicated the alignment of the Australian RN standards of practice and their relevance in the undergraduate practice context for assessment purposes: 'All relevant against the NMBA standards and professional practice, to assess the competency of a student RN'. Further, participants commented about the importance of caring practice and how this related to the nursing standards. One CF participant reflected: 'The ones I like the best are about self-awareness, emotional intelligence, reflection and providing person centred care'. Overall, the comments were supportive of the consensus of the statistical findings related to the assessment of student nurses' professionalism.

4.4 Summary of Findings

The findings of Phases 1 and 2 confirmed the statements deemed important to assess the essential construct in nursing—professional practice. Development of the professional practice competency over two phases revealed many similarities within the literature and allowed consideration of professional codes and standards alongside the unique requirements and graduate attributes of the study site. Undergraduate nursing practice is assessed using the NCAS at the study site. This document is accredited for use in the BN program by ANMAC (2017) and employs eight competency assessments to establish nursing students' safety and proficiency when undertaking nursing

interventions. The professional practice competency was developed to reflect the same method of assessment, being contextual and contemporaneous in each placement the student undertakes. By using the same assessment process, equal value is shown for professionalism in undergraduate nursing practice and the concomitant specific 'skills' or competencies required to pass the nursing placement. The new professional practice competency will be an addition alongside existing competencies in the NCAS, with a total of nine competency assessments (Appendix 21). Of significance to the study site, the professional practice competency provides assessment criteria or statements to guide the assessment of student progress towards attainment of the 10 graduate attributes.

Chapter 5: Discussion

5.1 Introduction

This chapter compares the findings of the study in consideration of the current literature, previously reviewed in Chapter 2. This will be discussed under the headings based on thematic analysis of the Delphi panel competency statements (Figure 21). This discussion will address professional relationships, professional attitudes, professional standards, professional communication and professional knowledge, and demonstrate the relationship of themes to the study site graduate attributes. The Delphi panel participants responded with their opinions and views on undergraduate nursing professionalism, linking to the study site graduate attributes, to develop a site-specific professional practice competency. The professional practice competency was developed with the aim of upholding the graduate attributes as the core of the competency assessment criteria.
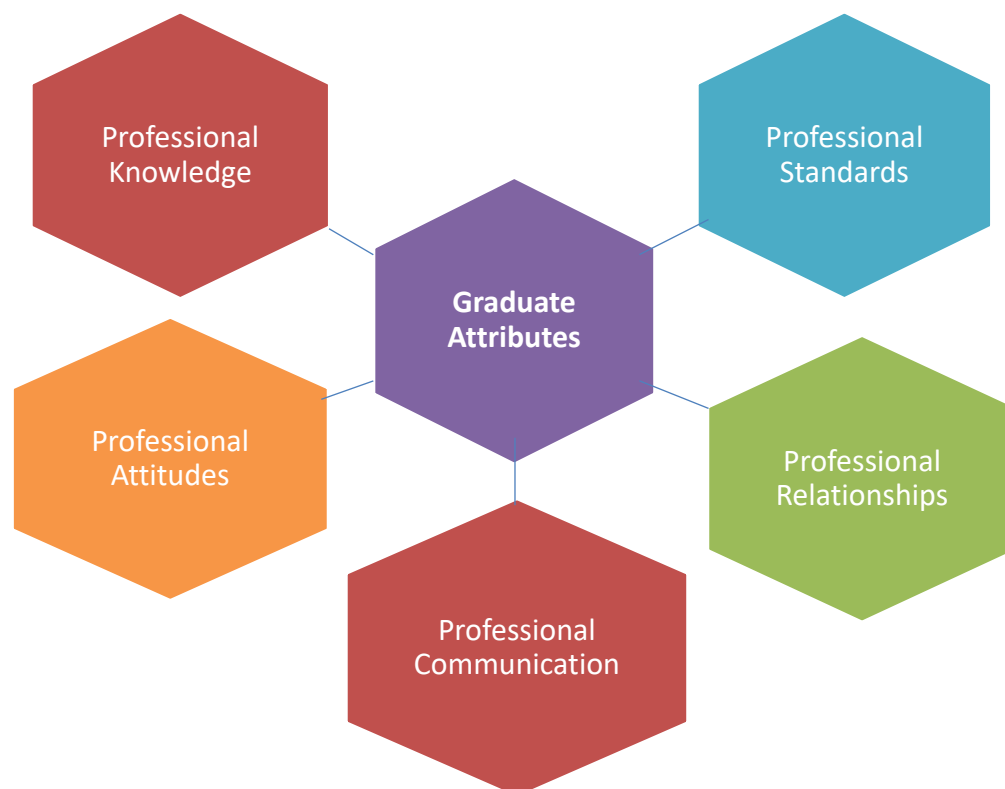
Figure 21. Themes developed by Delphi panel.

5.2 Study Themes

The findings of Phases 1 and 2 of this study provided verification for the development of the professional practice competency in the WA context and in consideration of the graduate attributes of the study site. The five themes are explored below in relation to the literature reviewed in Chapter 2 and the study site graduate attributes.

5.2.1 Professional relationships. Practicum experiences provide the nursing student with a unique opportunity to practice and demonstrate professional relationships in their interactions with others. To prepare undergraduate nurses for their future role in the workplace, it is essential that they have the opportunity to practice and learn how to integrate the knowledge, skills and attitudes of professional relationships that are fundamental to fostering a healthy workplace culture that prioritises patient safety and inclusiveness in healthcare decision making and promotes positive healthcare outcomes.

Professional relationships in nursing are guided by the NMBA's (2016) *Registered Nurse Standards for Practice*, which describe the importance of effective, therapeutic and professional relationships that are collegial and based on mutual trust and respect. The importance of these professional relationships has been described as a dynamic entity in healthcare (Levinson et al., 2014) where expectations adjust based on societal and cultural change (Cruess & Cruess, 2014). The development of the professional practice competency criteria by the Delphi panel and subsequent review by the CFs acknowledges the effect of social change on opinions and views (Moussaïd, Kämmer, Analytis, & Neth, 2013), and the importance of ensuring developed criteria that meet the current expectations of professional relationships (NMBA, 2018a) and safe healthcare outcomes for patients (Boyd & Sheen, 2014). In particular, the competency statements reflect the literature in terms of the ways in which self-

awareness, resilience and therapeutic boundaries affect professional relationships and patient safety.

5.2.1.1 Self-awareness, resilience and professional boundaries. The concept of self-awareness and ability to accept constructive criticism and build resilience in the face of uncertainty was viewed as an important factor in contemporary practice. Additionally, professional and therapeutic boundaries within professional relationships, as described in the literature, are necessary behaviours of professional nurses (Kearney, 2005; Kim-Godwing et al., 2010; Kowalski, 2016). With the growth of social media, increased access to personal information and increase in information sharing, an understanding about professional boundaries—as articled by the NMBA (2018a)—is essential for student practice.

5.2.1.2 Patient safety. The importance of professional relationships and their effect on patient safety and positive outcomes was supported by Brennan and Monson (2014), who concurred that the development and maintenance of a therapeutic relationship between nurse and patient is crucial to achieving optimal patient outcomes. Similarly, the findings are supported by the ACSQHC (2018b), particularly in relation to organisational process and shared decision making to support appropriate inclusion of patients and their carers and families in decision making in healthcare to achieve positive health outcomes. Effective professional relationships are viewed as essential to meet patients' information and healthcare needs. Shared decision making in healthcare requires understanding of professional relationships and boundaries to successfully collaborate with all healthcare disciplines to support clinicians and patients to make decisions about patient care together (ACSQHC, 2018a). Students must be able to demonstrate beginning skills in establishing professional relationships with clinicians

and patients to effectively undertake their role in shared decision making, both as undergraduate nurses and as they transition into the role of RN.

Development of the professional practice competency criteria by the Delphi panel aligned with these concepts of self-awareness, resilience and therapeutic boundaries, and their influence on professional relationships and patient safety, and subsequently supported the inclusion of assessment criteria for the development of appropriate relationships between students, patients and colleagues.

Further, Palos (2014) described the importance of compassionate care in which dignity and humanity are maintained as crucial to patients' and their families' healthcare expectations. These values align closely with the study site graduate attributes (communication, critical and reflective thinking, and philosophical and religious approaches to life and teamwork) and the Australian codes (NMBA, 2018a) and standards (NMBA, 2016) of nursing. In particular, 'Principle 4: Professional Behaviours' of the *Code of Conduct for Nurses* (Appendix 5) (NMBA, 2018a) addresses and supports the theme of professional relationships, and guides the nursing behaviours associated with this theme, identifying the values essential to this principle as integrity, respect, compassion and honesty. Professional boundaries are discussed in terms of engaging 'safely and effectively in professional relationships' to support patient-centred care, and acknowledge that, in maintaining professional boundaries, all professional relationships have a 'start and end point', which is integral to the nurse–person professional relationship (NMBA, 2018a, p. 11).

Thus, this central precept of professionalism is useful for assessment and subsequent improvement of professional practice of undergraduate nurses in the clinical setting (Goldie, 2012). The importance of appropriate relationships with patients and healthcare staff in the clinical setting is well established in the literature. Thus,

developing assessment criteria that address this essential component of professional undergraduate nursing practice is timely and relevant. These contemporary data in the current nursing context are particularly relevant in an era where higher expectations of professional accountability and responsibility exist in the workplace (Lombarts et al., 2014).

The theme of professional relationships also relates to the study site graduate attributes (Appendix 1)—particularly the graduate attributes of communication, critical and reflective thinking, and philosophical and religious approaches to life and teamwork. Professional relationships in health are dependent on the ability of all parties to communicate effectively and in a contextually appropriate manner. Critical and reflective thinking skills are dependent on the skills and knowledge of each team member and their ability to appropriately make decisions and problem solve based on reflective practice and critical and creative thinking. The attribute of philosophical and religious approaches to life relates to professional relationships in healthcare, requiring students to demonstrate openness and reflectivity, and sensitivity to and acceptance of others' values and beliefs. Students are expected to recognise and challenge prejudice and bias from the sound intellectual base commonly demonstrated in patient advocacy. The graduate attribute of philosophical and religious approaches to life is particularly relevant to the theme of professional relationships because it guides the student to become a reflective and open individual, demonstrating sensitivity and acceptance of others' values and beliefs, and challenging prejudice and bias. In applying the attributes of teamwork, the student nurse is expected to demonstrate a capacity to contribute in a positive and collaborative manner to achieve common goals (Quality Management Office, 2017). Teamwork is described in the graduate attributes as the student's capacity

to contribute in a positive and collaborative manner to achieve mutual or common goals (Quality Management Office, 2017).

In comparing these findings to established clinical assessment tools, it is noted that the ANSAT (Ossenberg et al., 2015) (Appendix 4) also identifies the importance of professional relationships and contains four assessment criteria to assess practice against therapeutic relationships, and three criteria that relate to safe care provision. The findings of this study similarly identified competency statements, such as adherence and integration of nursing codes, evidence-based practice and integration of sound knowledge to clinical practice. The differences identified between the study findings and the ANSAT included statements such as acknowledging the value of staff engagement, the provision of therapeutic patient-centred care, and representation of the study site and self in a professional manner through developing professional relationships with members of the team, thereby rendering the professional practice competency assessment criteria contextually appropriate for the undergraduate nurses studying at the research site in WA.

This section has discussed the theme of professional relationships used to develop the professional practice competency statements, in relation to the literature, the codes and standards of the nursing profession in Australia, the graduate attributes of the study site, and the only alternative clinical assessment tool in Australia—the ANSAT. These factors validated this theme as significant in the role of undergraduate nursing professional practice.

5.2.2 Professional attitudes. As a profession, nursing embodies and promotes core values such as human dignity, integrity, autonomy, altruism and social justice (Fahrenwald et al., 2005). These are the attitudes that a professional nurse incorporates, values and articulates while demonstrating professional and ethical practice. These

descriptions of attitude are further supported by Miracle (2011), who described professional attitudes as caring, human dignity, social justice, honesty, compassion, curiosity, empathy, social responsibility and accountability. The NMBA (2018a) *Code of Conduct for Nurses* espouses the values of integrity, honesty, respect and compassion, which should be represented by nurses in the undertaking of their duties.

However, the undergraduate nurse may not clearly understand how these attitudes represent professional nursing practice while undertaking the BN program and learning to be a 'professional' nurse (Kowalski, 2016). Anecdotally, student nurses have reported to the SoNM difficulty in understanding which factors comprise professionally appropriate attitudes when they observe a variety of behaviours and attitudes from RNs in the clinical setting that do not consistently appear congruous with the professional standards (NMBA, 2016) and codes (NMBA, 2018a) of nursing. This altered reality from standards proves challenging when students attempt to interpret and implement professional attitudes and behaviours in their own nursing practice and in line with professional expectations (Kowalski, 2016).

The data analysis displayed themes that verified these views and opinions in the literature and from the NMBA. Further, the role of the patient in articulating expected professional attitudes further aligned with the sentiment of the Delphi panel. The included assessment criteria combines with the findings of Adamson and Dewar (2015) and Collier (2012) regarding patient expectations of healthcare delivery, including the display of kindness, compassion, warmth and genuine care, and professional attributes, such as adherence to ethical principles, effective interactions with patients and their significant others, effective interactions with the interdisciplinary workforce, reliability and continuous improvement of competence.

A comparison of the study findings with the ANSAT (Ossenberg et al., 2015) clinical assessment tool identified that there is no specific reference to the assessment of student attitude. While attitude may be incorporated within other criteria—for example, 'uses an ethical framework to guide decision making and practice'—this allows for interpretation by both the student and assessor. The theme of professional attitudes in the developed criteria aligns with the university graduate attributes—particularly ethical responsibility and internationalisation. Students are expected to demonstrate 'a capacity for high ethical standards both personally and professionally, underpinned by the ability to apply ethical thinking skills to social/societal problems and challenges' (Quality Management Office, 2017, p. 1). Additionally, an ability to demonstrate the graduate attribute of internationalisation is relevant to professional attitudes in nursing. In the global society in which we live and work, capacity for international and global perspectives based on understanding of and appreciation for social and cultural diversity in nursing is essential, alongside the ability to advocate for each patient's individual human rights (Quality Management Office, 2017). The professional practice competency criteria or statements that relate to the theme of professional attitudes include: 1, 2, 3, 6, 7, 9, 10, 11, 12, 14, 15, 16, 17, 18, 20, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32 and 33 (Appendix 8).

Differences identified in the study findings compared with the literature highlight the depth of detail of the statements developed by the Delphi panel. The statements ensured a comprehensive assessment of undergraduate nursing professional practice, particularly regarding attitude linked to the graduate attributes. These included such statements as: 'presents to placement adequately prepared, with an inquiring mind and positive attitude, and is receptive to feedback'; 'demonstrates sensitivity and acceptance of others' beliefs, values and differences in provision of person-centred

care'; 'reflects on past experiences and applies this knowledge to enable adaptation to clinical environment'; and 'acts in a professional and respectful manner at all times'. These statements address assessment of attitudes, and are specific and contextually appropriate to the study site's objects, Catholic ethos and graduate attributes.

In summary, the Delphi panel statements assisted in providing a framework against which student professional attitudes can be assessed. In addition, the CFs now have a framework to guide students in developing this core professional requirement of their professional practice and achievement of the graduate attributes.

5.2.3 Professional standards. The governance of nursing practice is central to maintaining the professional status of nurses and provision of safe and quality nursing care to consumers of health (ACSQHC, 2018b; Boyd & Sheen, 2014; Steel, 2016). RNs in Australia must comply with the NMBA's (2018a) *Code of Conduct for Nurses*, ICN's (2012) *Code of Ethics for Nurses* and NMBA's (2016) *Registered Nurse Standards for Practice*, and are expected to demonstrate patient-centred care in accordance with the Australian NSQHS (ACSQHC, 2018a; Boyd & Sheen, 2014).

The professional practice competency enhances the assessment of undergraduate nursing practice at the research site, as it incorporates these standards and codes of the nursing profession, while also providing a means to assess achievement of the graduate attributes of the study site. Nursing regulation is professionally informed and nationally regulated, ultimately serving to protect the public and contribute to quality healthcare provision by establishing an expected standard of RN practice (Benton et al., 2013). While the Australian standards of RN practice are currently assessed, as a whole, by the NCAS, with all competencies mapped to the standards for registered nursing practice (Crookes et al., 2010), the newly established criteria will provide further in-depth application.

These standards, codes and guidelines have been acknowledged by the Delphi panel as pivotal in the assessment of undergraduate professional practice, and are reflected in the statements developed. It is believed that the addition of the professional practice competency to the study site's undergraduate clinical assessment documentation will enhance the ability of the study site to holistically assess undergraduate nursing professionalism in practice.

The NSQHS standards that relate to the provision of safe patient care through interdisciplinary collaboration and professional standards include 'Standard 1: Governance for Safety and Quality in Health Service Organisations', 'Standard 2: Partnering with Consumers', 'Standard 3: Preventing and Controlling Healthcare Associated Infections', 'Standard 4: Medication Safety', 'Standard 5: Patient Identification and Procedure Matching', 'Standard 6: Clinical Handover', 'Standard 8: Preventing and Managing Pressure Injuries', 'Standard 9: Recognising and Responding to Clinical Deterioration in Acute Health Care' and 'Standard 10: Preventing Falls and Harm from Falls' (ACSQHC, 2018a; Boyd & Sheen, 2014). In comparison with the existing clinical assessment tools discussed previously, such as the NCAS (Crookes et al., 2010), ANSAT (Appendix 4) (Ossenberg et al., 2015) and ASAP (Zasadny & Bull, 2015), the statements developed by the Delphi panel provide a competency for assessing undergraduate nursing practice against the Australian nursing standards.

In relation to the university graduate attributes, both the attributes of *technical competence* and *interdisciplinarity* (which refers to a comprehensive technical knowledge of a field of study) have applicability. There is a professional expectation that students will possess relevant, comprehensive and appropriate knowledge, in addition to interprofessional knowledge, that extends beyond a single discipline. Assessment of these attributes, aligned to the standards and codes, will provide both

students and CFs with clear expectations about the assessment of professional standards related to the profession of nursing. In summary, the developed criteria will add depth and relevance to the graduate attributes unique to the study site, and the importance of the nursing professional standards and codes. It is vital that both students and those assessing their practice are able to identify student adherence to these documents to ultimately ensure protection of the public during the receipt of nursing care.

5.2.4 Professional communication. Communication is largely characterised within the nursing literature as an indicator of professional knowledge, skills and attitudes. The safe delivery of patient care is dependent on the communication skills of the healthcare team and how well each of the team members communicates with the patient, their families/carers and each other (Koivunen et al., 2015; Levett-Jones et al., 2018). Undergraduate nurses require multiple and varied clinical placement experiences to develop these skills, thereby learning to communicate in a variety of domains and contexts, using critical and reflective thinking to demonstrate problem-solving skills and formulate their own style of therapeutic communication (Kourkouta & Papathanasiou, 2014; Levett-Jones et al., 2018).

The theme of professional communication evident in the data analysis affirmed the inclusion of a number of statements to assess this essential construct of professional practice, as supported by the literature. The literature articulates that positive patient outcomes are dependent on effective communication between nurses, the interprofessional team, and patients and their families (Koivunen et al., 2015; Kourkouta & Papathanasiou, 2014). Communication is viewed as a complex system of exchanging information with patients and families and is a vital skill for professional nursing practice (Kourkouta & Papathanasiou, 2014). Perry (2008) and Burke et al. (2016) outlined the importance of communication in developing a connection with

patients and their significant others, as patients expect nurses to have contemporary

clinical knowledge and established communication skills, as well as the ability to

problem solve using clinical decision-making strategies (Palos, 2014).

Additionally, it is expected that all patients accessing healthcare will experience

compassionate care that maintains dignity and humanity; however, Palos (2014)

asserted that nurses must understand how to use effective communication to achieve

these optimal outcomes. An essential element of patient-centred care is the creation of

trust, based on cultural sensitivity and respect for patients and their unique identity,

which closely relate to the graduate attributes of the study site and the Catholic values

underpinning the BN program of the study site (Burke et al., 2016). Further, Burke et al.

(2016) avowed the importance of communication in developing a therapeutic

connection with patients and their significant others. Communication plays a significant

role in providing safe and effective quality nursing care, and recognising and

responding to deterioration (ACSQHC, 2018b).

Communication is assessed in all three identified Australian clinical assessment

tools mentioned previously—the NCAS (Crookes et al., 2010), ANSAT (Ossenberg et

al., 2015) and ASAP (Zasadny & Bull, 2015). However, the newly developed

competency again adds a level of detail not currently provided in these tools. This is

demonstrated through the number of standards in the tool in which communication

plays some part, including Statements 1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 14, 15, 16, 17, 18,

19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 30, 31, 32 and 33 (Appendix 8).

Comparison of these research findings with the university graduate attributes

highlights the essential element of patient-centred care that relies on effective

communication strategies. This requires the creation of trust, based on cultural

sensitivity and respect for patients and their unique identity (Burke et al., 2016;

Moreland & Apker, 2016). This particularly relates to the university graduate attributes of internationalisation, communication, and philosophical and religious approaches to life, and specifically the notion of sensitivity to and acceptance of others' differences and situational awareness to the individual contexts that arise during the nursing clinical placement.

The researcher acknowledges that the clinical environment is complex, and students may not currently know how professional communication can be assessed (Norman, 2015). Therefore, the undergraduate nurse, through this competency theme and supporting competency statements, will be supported to understand and demonstrate application of professional communication in nursing practice. The development of a formal measure of professional communication practice now provides an opportunity for student nurses to practice the skill of professional communication and its application to practice, which otherwise may not have been understood or valued (Norman, 2015).

Given that effective communication and professionalism are so intertwined, it is reasonable to assert that the undergraduate nurse would benefit greatly from the professional practice competency guiding expected communication practice in the clinical setting. The ability to provide formative and summative feedback through the use of the professional practice competency will provide the lecturers, CFs and RN supervisors a framework to teach and assess the 'art' of professional, effective and compassionate communication in undergraduate nurses (Palos, 2014). This section has provided discussion around the theme of professional communication, identifying the literature presented in Chapter 2 that supports this theme and the graduate attributes that are assessed through the professional practice competency statements developed by the Delphi panel.

5.2.5 Professional knowledge. Undergraduate nurses are expected to demonstrate evidence-based practice underpinned by a sound knowledge base on which to make clinical decisions (Boyd & Sheen, 2014; Levett-Jones et al., 2018). Professional practice in nursing has been explored in terms of the knowledge expected and required of professionals (Griffith, 2016), with the literature identifying the influential role it plays in building trusting and therapeutic relationships between patients and health professionals, such as nurses (Cruess & Cruess, 2014).

Clinical experience is an important source of knowledge for nursing students, and the development of a professional knowledge base establishes itself through repeated exposure to the clinical environment, allowing experiential learning (Levett-Jones et al., 2018). However, the student also requires a prerequisite knowledge base to ensure safety and competence relevant to the stage of learning. The competency statements developed in the study were largely represented within the literature, particularly in relation to students holding the essential knowledge of the NMBA's (2016) *Registered Nurse Standards of Practice* (Crookes et al., 2010; Ossenberg et al., 2015, 2016; Zasadny & Bull, 2015). However, there were some differences identified. A number of competency statements developed in this study required students to incorporate the application of knowledge from the NMBA's (2018a) code of conduct and ICN's (2012) code of ethics. Assessing student knowledge of these documents in the clinical setting has been loosely defined. A review of the Australian tool, the ANSAT (Ossenberg et al., 2015), found that this tool does not explicitly assess knowledge of professionalism; instead, this factor seems to be incorporated through assessment of practice, such as 'capability for practice' and 'conducts assessments'.

In confirming that the competency statements met the requirements of the university graduate attributes, the researcher related this concept of knowledge to the

graduate attributes of technical competence, interdisciplinarity, lifelong learning, research and information retrieval skills, and commitment to active citizenship (Quality Management Office, 2017). Each of these attributes requires students to maintain the essential knowledge base required of the profession, which is further supported by lifelong learning and, most importantly, an ability to safely and effectively retrieve information. Students can be overwhelmed with information sources; therefore, it is imperative that they are able to distinguish evidence-based knowledge from unsound knowledge. Constant referral in the statements to the various standards and codes provides students with a safety net of information to support their practice.

The professional practice competency fulfils the current gap in assessing the knowledge of undergraduate nurses at the research site, thereby providing an opportunity to educate and assess practice against the expected Australian nursing standards and codes. However, it also provides assessment of the unique study site graduate attributes expected of graduates upon BN program completion.

5.2.6 Graduate attributes and RN standards for practice. Central to the findings of the study are the graduate attributes and RN standards for practice and their application to assessment of student nurses on clinical placement. A priority for the study site in offering a BN program is to prepare graduate nurses to be global citizens who are socially conscious and ethical practitioners, through achievement of the graduate attributes (Quality Management Office, 2017). Graduates will be recognised for attributes that set them apart or extend beyond those expected of the discipline in which they study, thereby enabling them to connect and serve the community in which they live and work (UNDA, 2013).

The university expects academic staff to develop these qualities in students and assist them in understanding and implementing these attributes into their developing

professional practice (UNDA, 2013). The private Catholic university in WA is unique in its individualised recruitment of prospective students, program delivery in the context of Catholic faith and values, and desire to instil the 10 graduate attributes in all graduating students upon program completion (Appendix 1) and RN standards for practice (Appendix 7). The study site's focus on individualised provision of tertiary education attracts a wide demographic of prospective students. These students are attracted to the smaller classes, pastoral care, open-door access to lecturing staff, opportunities to participate in community service, and chances to engage with the local community, alongside the formal university education with retained contact hours and face-to-face teaching (UNDA, 2018a).

Certain university graduate attributes are particularly comparable with the descriptions of professionalism in the nursing literature and study findings. These attributes are ethical thinking to social and societal problems, ability to communicate effectively in a range of contexts, and ability to employ a global and international perspective to culturally diverse populations in their care (Quality Management Office, 2017). Table 1 maps the 10 university graduate attributes and the RN standards for practice with the 33 professional practice competency statements. Further to this, a more comprehensive mapping to the graduate attributes is provided in Appendix 20. The table visualises the crossover of the graduate attributes and RN standards for practice with the professional practice competency. Each attribute and standard is integrated across a number of the competency statements, thereby ensuring no single statement alone is responsible for student assessment.

Table 1

Competency Statements Mapped to the Graduate Attributes of the Study Site and NMBA Registered Nurse Standards for Practice

Competency Statements Mapped to the Graduate Attributes of the Study Site										
Professional Practice Competency Statements (33)	GA 1	GA 2	GA 3	GA 4	GA 5	GA 6	GA 7	GA 8	GA 9	GA 10
1) Integrates NMBA *Code of Conduct for Nurses* and *Registered Nurse Standards for Practice*, ICN *Code of Ethics for Nurses*, *Health Practitioner Regulation National Law (WA) Act 2010*, *Medicines and Poisons Act 2014* and mandatory reporting obligations of the RN into practice as a student RN.	X	X	X	X	X		X	X	X	X
2) Prioritises accountability in decision making and integrates knowledge of open disclosure process in practice.	X	X	X		X		X	X		X
3) Prioritises decision making and adapts practice to comply with codes, standards and legislation governing nursing practice within current scope.	X	X	X	X	X		X	X	X	X
4) Demonstrates systematic patient assessment, analysis of findings and ability to prioritise and coordinate patient care.	X	X			X		X	X		
5) Integrates recognised reporting mechanisms to escalate patient care in response to clinical deterioration.	X	X	X			X	X			
6) Demonstrates accountability in decision making and practice.	X	X	X		X	X	X			
7) Analyses assessment results and collaborates in decision making and care planning with mentoring staff.	X	X	X	X	X		X			X
8) Integrates sound knowledge of pathophysiology and pharmacology to support clinical decision making.	X	X	X	X						
9) Applies National Safety and Quality Health Service Standards to patient care.	X	X	X				X	X		
10) Incorporates NMBA code of conduct and ICN code of ethics in communication, behaviour and attitudes in and out of the clinical setting.	X	X	X	X	X	X	X		X	X

Competency										
11) Demonstrates understanding of responsibility for duty of care to patients and their families.	X	X	X		X	X	X		X	X
12) Demonstrates timely and responsive care to ensure patient safety in a changing environment.	X	X	X		X		X	X	X	
13) Applies evidence-based theory to practice.	X	X	X	X						
14) Ensures safety of self and others during nursing interventions.	X	X	X		X		X			
15) Demonstrates flexibility and an ability to multi-task workload.	X	X	X				X			X
16) Independently establishes and works within own scope of practice.	X	X	X	X	X		X			
17) Demonstrates sound interpersonal skills in effective interprofessional communication.	X	X	X				X		X	X
18) Advocates for patients.	X	X	X	X	X	X	X	X	X	X
19) Applies critical thinking and analysis to enable problem solving.	X	X	X	X						
20) Demonstrates ability to work as an effective team member.	X		X				X			X
21) Independently identifies and manages patient activities of daily living.	X	X	X							
22) Presents to placement adequately prepared, with an inquiring mind and positive attitude, and is receptive to feedback.	X	X			X		X			X
23) Demonstrates sensitivity and acceptance of others' beliefs, values and differences in provision of person-centred care.	X	X	X		X		X		X	X
24) Reflects on past experiences and applies this knowledge to enable adaptation to clinical environment.		X	X	X			X			X
25) Acts in a professional and respectful manner at all times.	X		X	X	X	X	X		X	X
26) Rationalises decision making with reflective and evidence-based responses.	X	X	X	X				X		
27) Identifies, respects and maintains professional boundaries with patients and their family, visitors and staff.	X	X			X		X			
28) Relates and values staff contribution to learning on practicum.	X	X	X				X			X
29) Consistently provides patient-centred care.	X		X				X		X	X

30) Develops a plan to manage identified learning needs.	X	X	X					X	
31) Identifies and appropriately manages own response to stress.	X	X		X	X	X	X		
32) Demonstrates emotional intelligence in practice and interactions with others.	X	X		X	X	X	X		
33) Represents Notre Dame University and self in a professional manner through both appearance and engagement with placement.	X	X	X	X	X	X	X	X	X	X

GA = Graduate Attribute

Competency Statements Mapped to the Registered Nurse Standards for Practice (7 Standards)

Professional Practice Competency Statements (33)	Std 1	Std 2	Std 3	Std 4	Std 5	Std 6	Std 7
1) Integrates NMBA *Code of Conduct for Nurses* and *Registered Nurse Standards for Practice*, ICN *Code of Ethics for Nurses*, *Health Practitioner Regulation National Law (WA) Act 2010*, *Medicines and Poisons Act 2014* and mandatory reporting obligations of the RN into practice as a student RN.	X	X	X	X	X	X	X
2) Prioritises accountability in decision making and integrates knowledge of open disclosure process in practice.	X	X	X	X	X	X	X
3) Prioritises decision making and adapts practice to comply with codes, standards and legislation governing nursing practice within current scope.	X	X	X	X	X	X	X
4) Demonstrates systematic patient assessment, analysis of findings and ability to prioritise and coordinate patient care.	X	X	X	X	X	X	X
5) Integrates recognised reporting mechanisms to escalate patient care in response to clinical deterioration.	X	X	X	X	X	X	X
6) Demonstrates accountability in decision making and practice.	X	X	X	X	X	X	X

7) Analyses assessment results and collaborates in decision making and care planning with mentoring staff.	X	X	X	X	X	X	X
8) Integrates sound knowledge of pathophysiology and pharmacology to support clinical decision making.	X		X	X	X	X	X
9) Applies National Safety and Quality Health Service Standards to patient care.	X	X	X	X	X	X	X
10) Incorporates NMBA code of conduct and ICN code of ethics in communication, behaviour and attitudes in and out of the clinical setting.	X	X	X	X	X	X	X
11) Demonstrates understanding of responsibility for duty of care to patients and their families.	X	X	X	X	X	X	X
12) Demonstrates timely and responsive care to ensure patient safety in a changing environment.	X	X	X	X	X	X	X
13) Applies evidence-based theory to practice.	X		X	X	X	X	X
14) Ensures safety of self and others during nursing interventions.	X	X	X	X	X	X	X
15) Demonstrates flexibility and an ability to multi-task workload.	X	X	X	X	X	X	X
16) Independently establishes and works within own scope of practice.	X	X	X	X	X	X	X
17) Demonstrates sound interpersonal skills in effective interprofessional communication.	X	X	X	X	X	X	X
18) Advocates for patients.	X	X	X	X	X	X	X
19) Applies critical thinking and analysis to enable problem solving.	X	X	X	X	X	X	X
20) Demonstrates ability to work as an effective team member.	X	X	X	X	X	X	X
21) Independently identifies and manages patient activities of daily living.	X	X	X	X	X	X	X

22) Presents to placement adequately prepared, with an inquiring mind and positive attitude, and is receptive to feedback.	X	X	X	X	X	X	X
23) Demonstrates sensitivity and acceptance of others' beliefs, values and differences in provision of person-centred care.	X	X	X	X	X	X	X
24) Reflects on past experiences and applies this knowledge to enable adaptation to clinical environment.	X	X	X	X	X	X	X
25) Acts in a professional and respectful manner at all times.	X	X	X	X	X	X	X
26) Rationalises decision making with reflective and evidence-based responses.	X	X	X	X	X	X	
27) Identifies, respects and maintains professional boundaries with patients and their family, visitors and staff.	X	X	X	X	X	X	X
28) Relates and values staff contribution to learning on practicum.	X	X	X	X	X	X	X
29) Consistently provides patient-centred care.	X	X	X	X	X	X	X
30) Develops a plan to manage identified learning needs.	X	X	X	X	X	X	X
31) Identifies and appropriately manages own response to stress.	X	X	X	X	X	X	X
32) Demonstrates emotional intelligence in practice and interactions with others.	X	X	X	X	X	X	X
33) Represents Notre Dame University and self in a professional manner through both appearance and engagement with placement.	X	X	X	X	X	X	X

Std = NMBA Registered Nurse Standards for Practice (1. Thinks critically and analyses nursing practice. 2. Engages in therapeutic and professional relationships. 3. Maintains the capability for practice. 4. Comprehensively conducts assessments. 5. Develops a plan for nursing practice. 6. Provides safe, appropriate and responsive quality nursing practice. 7. Evaluates outcomes to inform nursing practice)

5.2.6.1 University admission process. Further, the graduate attributes play a significant role in the application process to the university study site. This introduction of the graduate attributes and university objects prior to commencement ensures students are aware of the additional assessment they will encounter during their studies.

In WA, an Australian Tertiary Admission Rank (ATAR) score is obtained following completion of secondary schooling and achievement of such certificates as the Western Australian Certificate of Education (WACE). WA universities recruit prospective students based on these scores and achievements, with the study site additionally requiring a personal statement and direct application to the university to attend an interview with the school at which the applicant intends to study (UNDA, 2018a). The study site provides a unique enrolment process allowing assessment of both the ATAR score or academic qualifications, and each applicant's personal qualities, gifts and talents that may enhance the quality of the application and ensure the student understands the Catholic ethos and university objects.

The development of the professional practice competency allows assessment of undergraduate nursing practice and attainment of the 10 graduate attributes, completing the process commenced at enrolment interview. This assessment of graduate attributes allows measurement of the professional growth of each nursing student at each placement during the BN program, and offers the opportunity for the university faculty to evaluate student nursing practice and incorporation of the university objects—particularly excellence in education for the professions—in the context of Catholic faith and values.

5.2.7 Summary comparison with the literature. Chapter 2 provided a review of the literature related to this study. This included review of the construct of professionalism and assessment of professionalism in Australia and overseas. A comparison of findings with the study results is now presented, including Miller's (1988) Behavioural Inventory of

Professionalism in Nursing, Levett-Jones et al., (2018) Patient Safety Competency Framework for Nursing Students, clinical placement assessment tools and the standards provided by the NMBA.

Miller et al.'s (1993) Behavioural Inventory of Professionalism in Nursing closely aligns with the graduate attributes and the statements developed by the study participants. This includes statements addressing adherence to codes and standards, knowledge development and education, competence and continuing education, evidence-based practice, self-regulation and autonomy in identifying scope, and community engagement and service. However, differences were identified, such as participation in professional organisations and student publications, which were not identified in any of the responses from the Delphi panel or open text responses from the CF participants. Student nurses in Australia have access to professional organisations; however, uptake has traditionally been limited, perhaps because of the perceived political association with membership to some professional organisations, the joining fees and perceived limited value for money to students, or the limited professional relevance for students who are not yet practising as RNs (Woodward, Smart, & Benavides-Vaello, 2016). Further, student publications in the study site undergraduate degree are not included within the curriculum and do not form part of an academic course assessment at the study site.

Levett-Jones et al. (2018) recently developed the Patient Safety Competency Framework for Nursing Students, which identifies nine areas deemed critical upon entry to nursing practice. These nine critical areas of competence in safe nursing practice are person-centred care; therapeutic communication; cultural competence; teamwork and collaborative practice; clinical reasoning; evidence-based practice; preventing, minimising and responding to adverse events; infection prevention and control; and medication safety (Levett-Jones et al.,

2018, p. 52). Emergent themes from the study were similar in content in relation to professionalism in practice, and provide substantiation that the data from the study are consistent with similar research findings in Australia (Levett-Jones et al., 2018). In particular, the themes included the areas of person-centred care, therapeutic communication, cultural competence, teamwork and collaborative practice, clinical reasoning and evidence-based practice. Those aspects not included in the professional practice competency sit outside the professionalism framework and are otherwise assessed in the clinical competency statements included in the NCAS.

There were differences identified between the study site professional practice competency and the existing ANSAT and ASAP (Ossenberg et al., 2015; Zasadny & Bull, 2015). This included statements such as 'acknowledging the value of the staff contribution to learning during placement', 'identifying and managing own responses to stress', 'demonstration of emotional intelligence in practice' and 'representation of the study site and self in a professional manner through both appearance and engagement with placement'. However, the remaining 29 statements assessed against similar knowledge, skills and attitudes relating to professional practice, such as compliance with codes and standards of the profession, maintaining professional boundaries, communicating professionally, maintaining capability for practice and using evidence-based practice, to name a few. The major difference was the standalone approach of this professional practice competency, which allowed for specific and detailed assessment of professionalism, versus its integration across other competency statements.

The study findings support the inclusion of the NMBA's (2016, 2018a) professional standards and codes in regulating the behaviours and attitudes expected of professional nurses inside and outside of healthcare settings. These findings are comparable with the literature

presented in Chapter 2, which articulates the importance of students understanding nursing professionalism in relation to clinical assessment in a range of health service contexts and settings (Bickhoff, Levett-Jones, & Sinclair, 2016; Kourkouta & Papathanasiou, 2014; Levett-Jones et al., 2018; Lombarts et al., 2014).

The six themes presented in this discussion have been compared and aligned with all 33 of the professional practice competency assessment criteria statements. While many aspects of the professional practice competency align with the literature, this study particularly provided an additional focus on assessment of the university graduate attributes. In addition, further detail was provided in a number of the statements, compared with other tools, which will assist students to understand their role and learning journey in acquiring the professional standards of nursing.

5.3 Outcomes of This Research

The findings of this study highlight the construct of professional knowledge, skills and attitudes in undergraduate nursing practice at the study site, by a WA Delphi panel. The 33 statements produced from four rounds of Delphi responses led to the development of the professional practice competency and provision of a tangible framework to assess professionalism in undergraduate nursing practice at the research site. The literature review, discussed in Chapter 2, revealed a plethora of literature surrounding the values, attitudes, behaviours and definitions of professionalism.

Throughout the phases of the study, the Delphi panel initially reviewed graduate attributes and provided opinions and views reflected in responses gathered over four rounds of data collection. Validation of the criteria followed the specific process of the ToS with the end-user group, the CFs. In acknowledging the development and validation of the new competency, it is pertinent to reflect on the research questions.

5.4 Research Questions

The researcher explored the opinions and views of expert nurses, with specific inquiry into the knowledge, skills and attitudes of professional undergraduate nursing practice. At the same time, the inquiry investigated the ways in which the 10 graduate attributes unique to the study site integrate with the NMBA codes and standards of nursing. The research questions outlined in Chapter 1 are answered below.

Question 1: How do the Delphi participants perceive that professionalism should be expressed in an undergraduate clinical nursing competency?

The themes generated by the Delphi panel responses in Phase 1 were professional relationships, professional attitudes, professional standards, professional communication and professional knowledge. All themes were further explored and refined to ultimately develop the 33 competency statements able to assess undergraduate professional practice, according to the Delphi panel. In Phase 2, the survey responses provided by the CF participants indicated the ability of the professional practice competency criteria to assess student nursing practice, thereby providing a framework to assess this essential construct in nursing and answer the second research question.

Question 2: Do CFs believe that the professional practice competency provides a framework for assessment of professionalism during clinical placement?

The findings of the ToS process provided content validity for the 33 statements of the professional practice competency. The consensus rate of 80% or more for each of the 33 statements provided verification of content validity and consensual agreement that all statements were worthy of inclusion in the professional practice competency, and did provide a framework for assessment of the professional practice of undergraduate nursing students.

5.5 Limitations

The study sought to explore opinions and views on undergraduate nursing professionalism from an expert panel of nurses in WA. This research was limited to the study site's SoNM BN program and subsequently does not represent the WA undergraduate nursing population or the views of nurses in WA.

The transferability of findings to other nursing programs may be somewhat limited because of the content validity testing of the developed professional practice competency, as undertaken for a specific BN program provided in a private Catholic university context and in consideration of the 10 graduate attributes of the study site. As a result of the specific nature of the graduate attributes, the findings and mapping of graduate attributes to the developed competency criteria may not be transferrable to other university undergraduate nursing courses in WA.

The scope of the study did not allow for testing of the professional practice competency in practice, therefore its usability for determining professionalism of the undergraduate nursing student remains unknown.

5.6 Chapter Summary

This chapter has provided a comparison of the study findings with the current literature, previously reviewed in Chapter 2. The themes developed from the study findings have been explored in relation to the literature, and many similarities were found in the five themes of professional relationships, professional attitudes, professional standards, professional communication and professional knowledge in relation to the literature, the codes (NMBA, 2018a) and standards (NMBA, 2016) of the Australian nursing profession, and the standards of healthcare provision expected by the ACSQHC (2018a).

The inclusion of the study site graduate attributes also enabled the development of statements that more closely assessed the study site's philosophical and religious approaches to life and student internationalisation (Statements 23 and 31) and expectation that students will represent the university professionally (Statement 33). In summarising this discussion, the previous literature largely supports the findings of the study. These findings will now inform Chapter 6, particularly in relation to future implementation requirements in terms of the implications for the school, the clinical practice environment in which students are assessed, and further research.

Chapter 6: Conclusion

6.1 Introduction

This mixed-method study used Creswell's (2014) exploratory sequential design to develop a professional practice competency for undergraduate nursing practice in a private Catholic university in WA. The findings of this study are comparative with conclusions within the literature on professionalism in nursing, with the values, attitudes, knowledge and skills replicated throughout the open text comments from expert nurses and through thematic analysis of their responses.

The research participants in Phase 1 of the study provided their opinions and views about the knowledge, skills and attitudes they perceived to constitute professional nursing practice in undergraduate students from the study site. These opinions and views developed the assessment criteria or statements in Phase 1, and confirmed the ability to tangibly assess professionalism in undergraduate nursing practice. Additionally, these statements were developed in consideration of the research site graduate attributes, thereby enabling assessment of the 10 graduate attributes during undergraduate nursing placements. Nursing professionalism shares components of the graduate attributes; therefore, the assessment of both using the professional practice competency is now possible and useful. Phase 2 provided content validity via 58 CFs employed at the study site. The CFs had attended orientation and education programs on campus, with specific attention devoted to the importance of the objects of the study site, education in the context of Catholic faith and values, and introduction to the graduate attributes. The results provided by the CF staff indicated the validity of the criteria in assessing a specialised and contextually appropriate professional practice competency.

The professional practice competency provides the necessary combination of knowledge, skills and attitudes to assess students' professionalism during clinical placement (Figure 22). Figure 22 represents Bloom's (1956) taxonomy of learning domains. The use of Bloom's well-recognised and commonly described framework underpinning competency development supported the process of developing statements to assess undergraduate nursing professional practice.

Figure 22. Relationship of competency and findings.

The implications of this research relate to the areas of academia, the clinical practice environment in which students are assessed, and research opportunities to consider the professional practice competency outside of the university setting for which it was specifically designed.

6.2 Academic Implications

The purpose of this study was twofold: to provide students with a framework for understanding and learning how to apply nursing professionalism in practice, and to support

students requiring additional support or remediation in the area of nursing professionalism. The developed 33 criteria provide students with a comprehensive framework for practice, under the headings of knowledge, skills and attitude. This supports students and supervising staff with a detailed description of the ways in which professionalism can be applied and assessed in clinical practice. The development of the professional practice competency will also ensure timely response to identified unprofessional practice demonstrated in the clinical setting, and allow students contemporaneous feedback about areas of concern in a timely manner, followed by a specific plan for improvement with the CF.

The design of the assessment matches that of existing NCAS (Crookes et al., 2010) assessments, aiming to minimise disruption to the current clinical assessment process. Current management of unprofessional practice is time consuming, and it is envisaged that this may not change, as the student will still require comprehensive meeting time to discuss areas for improvement and assistance in developing a strategy or learning plan to manage this. However, the professional practice competency will allow holistic assessment of undergraduate nursing practice from the study site, inclusive of graduate attribute achievement and professional practice assessment, while limiting disruption to existing clinical curriculum assessment documentation within the NCAS (Crookes et al., 2010).

The newly developed professional practice competency criteria can be placed onto the template already in use to enable a smooth transition into the undergraduate program. The researcher will take the final draft of the professional practice competency to the SoNM undergraduate program curriculum review committee for consideration by the members of the committee, and the competency will also be tabled at a Professional Practice Committee meeting to offer discussion among academic staff regarding its inclusion in all professional practice courses. These formal committees can further advise on the process for inclusion into

the existing NCAS document. The researcher will follow due process to inform the ANMAC (2017) of the inclusion of the professional practice competency in the NCAS, taking advice from the undergraduate program curriculum review committee. Given that the NCAS copyright is no longer in existence and the researcher previously worked with the author of the NCAS in 2014 and 2016 (Crookes et al., 2010) to incorporate the professional integrity rubric into the NCAS, there are no difficulties foreseen at this time.

A CF training session on the professional practice competency will be required, and can be incorporated into the existing biannual education sessions held on campus, involving training CF staff for clinical assessment of undergraduate nurses. The researcher will use existing learning systems to record and upload a lecture demonstrating how to use the professional practice competency assessment for any CFs unable to attend on campus. In addition, written information will be provided as an educational resource for CFs and clinical supervisors in the healthcare setting.

6.3 Clinical Implications

The clinical implications of this research relate specifically to the clinical assessment of undergraduate nursing students' professional practice and attainment of graduate attributes throughout the BN program. The inclusion of the professional practice competency may also improve rates of reporting unprofessional practice in the clinical setting. Of importance is the ability not only to assess professional knowledge, skills and attitudes, but also to measure progress towards achievement of the graduate attributes. The implementation of the professional practice competency into the NCAS will require education, training and resources to ensure consistent assessment by all CF and nursing staff across the various stages of the BN program. This education will be supported by the development of a guide for healthcare staff unable to attend on-campus education sessions. Education sessions will be

extended to healthcare sites to allow access to greater numbers of staff assessing nursing student professional practice.

6.3.1 Considerations for implementation.

- Evaluate rates of unprofessional practice reported in clinical setting, both pre- and post-implementation.

- Pilot project prior to full implementation into BN program.

6.4 Research Implications

This research relates to the study site, and specifically incorporates the objects of the university and the desired graduate attributes. While other Australian Catholic universities may have graduate attributes, these are variable and unique between universities and specific to each site, thereby requiring review of the suitability of developed statements to adequately assess in the local context across BN programs. The professional practice competency assesses a previously unmeasured concept that is highly valued in undergraduate nursing practice and the nursing profession. This may be of value to other SoNM in WA and could potentially be similarly implemented into the BN curriculum NCAS documentation used by all WA universities.

6.5 Recommendations

Recommendations include undertaking further research to evaluate the effectiveness of the professional practice competency by surveying nursing staff, CFs and nursing students for their views and opinions on the competency. Determining the ability of the competency to consistently assess student practice in different settings and contexts will require further review and testing. The competency may be transferrable to other health science schools within the study site, with some modification to the current statements, and may even be

useable for other education providers offering a BN program with modification to some statements. The below suggestions relate to these recommendations:

- further research to determine the effects of the competency on student assessment in the clinical environment through student and staff feedback

- interrater reliability testing among the CFs employed by the study site to ensure consistency of assessment

- application of components of the competency at other health professional schools within the research site

- application of the competency for other education providers.

6.6 Conclusion

This research study used an exploratory sequential mixed-methods design to develop and validate a competency to assess nursing students' professionalism during clinical practicum. This included a two-phase approach of a Delphi panel and ToS. The Delphi panel provided the views of expert nurses in WA to develop the specific criteria for assessment. As a result, 33 statements were developed under the headings of knowledge, skills and attitude. This was followed by content validity of the competency using the established method of ToS. This resulted in 58 end-users of the competency (the CFs) endorsing all 33 statements.

The research participants endorsed the 33 statements included in the professional practice competency for inclusion in the currently used NCAS tool for undergraduate nursing clinical placement assessment. However, this research project is only the first stage of incorporation of the professional practice competency into practice. Endorsement by the ANMAC for inclusion in the NCAS and pilot testing of the competency to ensure usability and reliability are the next stages prior to its full introduction.

It is envisaged that adoption of the professional practice competency will provide students and CFs with a framework for learning and assessing the concept of nursing professionalism in the context of the university objects and graduate attributes. Students can now be further supported in their learning and development across the BN clinical practicum program through these explicit statements, thereby guiding the expected requirements and assessment measures.

Epilogue

In undertaking this research, I have had the opportunity to reflect on my views and opinions regarding professional nursing practice and how I have role modelled this professionalism to student nurses and colleagues over the last 25 years. As a student nurse, I witnessed the knowledge, skills, behaviours and attitudes of nurses I deeply respected, and attempted to emulate their professional nursing practice.

These valued attributes of professionalism exist within the nursing profession, yet are equally demonstrated outside of the profession, and comprise kindness, humour, acceptance, sincerity, honesty, respect, dignity, care and compassion, to name a few. These attributes or values are occasionally described in the literature as 'vocational' descriptors of professional nursing practice, yet are, in my opinion, the factors that make each of us human, and should subsequently inform how we care for our fellow human beings.

This research has identified the constructs of professional practice, within the context of this small study site, and reassuringly affirmed that these values still exist and are highly regarded and valued by nursing experts in this technically advanced and contemporary era of nursing. The Delphi panel responses yielded interesting and variable views and opinions, allowing development of the professional practice competency in the context of a private Catholic university through careful consideration of the graduate attributes. The importance of professional nursing practice, as voiced by these expert nurses, affirms its role in maintaining safe and positive patient healthcare outcomes and promoting a collegiate working environment and positive workplace culture.

My role in this process is merely as a conduit of the findings and outcomes of the study; however, my passion for a high standard of professional practice by all nurses in all roles and at all stages of their career has been further ignited. The effect of unprofessional

nursing practice on workplace morale and culture is significant and cannot be underestimated in terms of its flow-on effect to the patient. The development of this competency may guide future nurses to understand and demonstrate what it is to be a professional nurse, and hopefully ignite the flame to uphold and promote professional nursing practice throughout their future nursing careers.

References

ACSQHC. (2018a). *Creating safer, better health care: The impact of the national safety and quality health service standards*. Australia: ACSQHC. Retrieved from https://www.safetyandquality.gov.au/wp-content/uploads/2018/05/NSQHS-Impact-Report.pdf

ACSQHC. (2018b). *National Safety and Quality Health Service Standards* (2nd ed.). Australia: ACSQHC. Retrieved from https://www.safetyandquality.gov.au/wp-content/uploads/2017/12/National-Safety-and-Quality-Health-Service-Standards-second-edition.pdf

Adams, D., Miller, B., & Beck, L. (1996). Professionalism behaviors of hospital nurse executives and middle managers in 10 western states. *Western Journal of Nursing Research, 18*(1), 77–88. doi:10.1177/019394599601800106

Adamson, E., & Dewar, B. (2015). Compassionate care: Student nurses' learning through reflection and the use of story. *Nurse Education in Practice, 15(3), 155-161. doi:10.1016/j.nepr.2014.08.002*

AHPRA. (2017). *Registration standards*. Retrieved from http://www.ahpra.gov.au/Registration/Registration-Standards.aspx

Akhtar-Danesh, N., Baumann, A., Kolotylo, C., Lawlor, Y., Tompkins, C., & Lee, R. (2013). Perceptions of professionalism among nursing faculty and nursing students. *Western Journal of Nursing Research, 35*(2), 248–271. doi:10.1177/0193945911408623

Albanese, M. A., Mejicano, G., Mullan, P., Kokotailo, P., & Gruppen, L. D. (2008). Defining characteristics of educational competencies. *Medical Education, 42*(3), 248–255. doi:10.1111/j.1365-2923.2007.02996.x

Anderson, L. W. (2014). *A taxonomy for learning, teaching, and assessing: A revision of Bloom's* (Pearson New International ed.). Harlow, England: Pearson.

Anderson, L. W., & Bloom, B. S. (2001). *A taxonomy for learning, teaching, and assessing: A revision of Bloom's taxonomy of educational objectives* (Abridged ed.). New York: Longman.

ANMAC. (2017). *National accreditation guidelines: Nursing and midwifery education programs*. Retrieved from https://www.anmac.org.au/program-accreditation/program-accreditation

Beckstead, J. W. (2009). Content validity is naught. *International Journal of Nursing Studies, 46*(9), 1274–1283. doi:10.1016/j.ijnurstu.2009.04.014

Bekhet, A. K., & Zauszniewski, J. A. (2012). Methodological triangulation: An approach to understanding data. *Nurse Researcher, 20*(2), 40. doi:10.7748/nr2012.11.20.2.40.c9442

Belone, L., Lucero, J. E., Duran, B., Tafoya, G., Baker, E. A., Chan, D., … Wallerstein, N. (2016). Community-based participatory research conceptual model: Community partner consultation and face validity. *Qualitative Health Research, 26*(1), 117–135. doi:10.1177/1049732314557084

Benton, D. C., González-Jurado, M. A., & Beneit-Montesinos, J. V. (2013). A structured policy review of the principles of professional self-regulation. *International Nursing Review, 60*(1), 13–22. doi:10.1111/inr.12003

Bickhoff, L., Levett-Jones, T., & Sinclair, P. M. (2016). Rocking the boat—Nursing students' stories of moral courage: A qualitative descriptive study. *Nurse Education Today, 42*, 35–40. doi:10.1016/j.nedt.2016.03.030

Bloom, B. (1956). *Taxonomy of educational objectives, Handbook I: The cognitive domain.*

New York, NY: David McKay Co Inc.

Bloom, B., Englehart, M., Furst, E., Hill, W., & Krathwohl, D. (1956). *Taxonomy of*

educational objectives: The classification of educational goals, Handbook I: Cognitive

domain. NY: Longmans, Green.

Bondy, K. N. (1983). Criterion-referenced definitions for rating scales in clinical evaluation.

The Journal of Nursing Education, 22(9), 376.

Boyd, L., & Sheen, J. (2014). The national safety and quality health service standards

requirements for orientation and induction within Australian healthcare: A review of

the literature. *Asia Pacific Journal of Health Management, 9*(3), 31–37.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research*

in Psychology, 3(2), 77–101. doi:10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for*

beginners. London, England: SAGE.

Brennan, M. D., & Monson, V. (2014). Professionalism: Good for patients and health care

organizations. *Mayo Clinic Proceedings, 89*(5). 644-652.

doi:10.1016/j.mayocp.2014.01.011

Brink, Y., & Louw, Q. A. (2012). Clinical instruments: Reliability and validity critical

appraisal. *Journal of Evaluation in Clinical Practice, 18*(6), 1126–1132.

doi:10.1111/j.1365-2753.2011.01707.x

Burke, M. E., LeBlanc, R. G., & Henneman, E. A. (2016). ABCDs of professional

introductions: Teaching nursing students the most fundamental of all communication

skills. *Nurse Educator, 41*(3), 115–116. doi:10.1097/NNE.0000000000000216

Christ, T. W. (2013). The worldview matrix as a strategy when designing mixed methods

    research. *International Journal of Multiple Research Approaches, 7*(1), 110–118.

    doi:10.5172/mra.2013.7.1.110

Clarke, V., & Braun, V. (2017). Thematic analysis. *The Journal of Positive Psychology,*

    12(3), 297–298. doi:10.1080/17439760.2016.1262613

Collier, R. (2012). Professionalism: What is it? *Canadian Medical Association Journal,*

    184(10), 1129–1130. doi:10.1503/cmaj.109-4211

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, & mixed methods*

    approaches (4th ed.). Thousand Oaks, California: SAGE Publications, Inc.

Creswell, J. W. (2015). *A concise introduction to mixed methods research*. California: SAGE

    Publications.

Crookes, P., Brown, R., Della, P., Dignam, D., Edwards, H., & McCutcheon, H. (2010). *The*

    development of a pre-registration nursing competencies assessment tool for use across

    Australian universities. Australian Learning and Teaching Council. Retrieved from

    http://ro.uow.edu.au/hbspapers/

Cruess, S. R., & Cruess, R. L. (2014). Professionalism and medicine's social contract. *Focus*

    on Health Professional Education: A Multi-Professional Journal, 16(1), 4–19.

    doi:10.11157/fohpe.v16i1.52

Cuesta-Briand, B., Auret, K., Johnson, P., & Playford, D. (2014). 'A world of difference': A

    qualitative study of medical students' views on professionalism and the 'good doctor'.

    BMC Medical Education, 14, 77. doi:10.1186/1472-6920-14-77

Cutcliffe, J. R., & Sloan, G. (2014). Towards a consensus of a competency framework for

    clinical supervision in nursing: Knowledge, attitudes, and skills. *The Clinical*

    Supervisor, 33(2), 182–203. doi:10.1080/07325223.2014.981494

De Villiers, M. R., De Villiers, P. J. T., & Kent, A. P. (2005). The Delphi technique in health

    sciences education research. *Medical Teacher, 27*(7), 639–643.

    doi:10.1080/13611260500069947

Denzin, N. K. (2012). Triangulation 2.0. *Journal of Mixed Methods Research, 6*(2), 80–88.

    doi:10.1177/1558689812437186

DiDonato-Barnes, N., Fives, H., & Krause, E. S. (2014). Using a table of specifications to

    improve teacher-constructed traditional tests: An experimental design. *Assessment in*

    Education: Principles, Policy & Practice, 21(1), 90–108.

    doi:10.1080/0969594X.2013.808173

Doyle, K., Hungerford, C., & Cruickshank, M. (2014). Reviewing tribunal cases and nurse

    behaviour: Putting empathy back into nurse education with Bloom's taxonomy. *Nurse*

    Education Today, 34(7), 1069–1073. doi:10.1016/j.nedt.2014.02.004

Duphily, N. H. (2014). Simulation education: A primer for professionalism. *Teaching and*

    Learning in Nursing, 9(3), 126–129. doi:10.1016/j.teln.2014.03.003

Fahrenwald, N. L., Bassett, S. D., Tschetter, L., Carson, P. P., White, L., & Winterboer, V. J.

    (2005). Teaching core nursing values. *Journal of Professional Nursing, 21*(1), 46–51.

    doi:10.1016/j.profnurs.2004.11.001

Fitz-Gerald, B. (2013). Professionalism in nursing. *SRNA News Bulletin, 15*(1), 10.

Fives, H., & DiDonato-Barnes, N. (2013). Classroom test construction: The power of a table

    of specifications. *Practical Assessment, 18*(3), 1–7.

Foth, T., Efstathiou, N., Vanderspank-Wright, B., Ufholz, L., Dutthorn, N., Zimansky, M., &

    Humphrey-Murto, S. (2016). The use of Delphi and nominal group technique in

    nursing education: A review. *International Journal of Nursing Studies, 60*, 112–120.

    doi:10.1016/j.ijnurstu.2016.04.015

Garman, A. N., Evans, R., Krause, M. K., & Anfossi, J. (2006). Professionalism. *Journal of Healthcare Management / American College of Healthcare Executives, 51*(4), 219–222. doi:10.1097/00115514-200607000-00004

Goldie, J. (2012). Assessment of professionalism: A consolidation of current thinking. *Medical Teacher, 35*(2), 952–956. doi: 10.3109/0142159X.2012.714888

Gonczi, A. (2013). Competency-based approaches: Linking theory and practice in professional education with particular reference to health education. *Educational Philosophy and Theory, 45*(12), 1290–1306. doi:10.1080/00131857.2013.763590

Goodman, C. M. (1987). The Delphi technique: A critique. *Journal of Advanced Nursing, 12*(6), 719–773. Retrieved https://www.ncbi.nlm.nih.gov/pubmed/3320139

Graham, B., Regehr, G., & Wright, J. G. (2003). Delphi as a method to establish consensus for diagnostic criteria. *Journal of Clinical Epidemiology, 56*, 1150–1156. doi:10.1016/S0895-4356(03)00211-7

Griffith, R. (2016). Nursing professionalism and NMC revalidation. *British Journal of Cardiac Nursing, 11*(7), 344–345. doi:10.12968/bjca.2016.11.7.344

Gruppen, L. D., Burkhardt, J. C., Fitzgerald, J. T., Funnell, M., Haftel, H. M., Lypson, M. L., & Vasquez, J. A. (2016). Competency-based education: Programme design and challenges to implementation. *Medical Education, 50*(5), 532–539. doi:10.1111/medu.12977

Gruppen, L. D., Mangrulkar, R. S., & Kolars, J. C. (2012). The promise of competency-based education in the health professions for improving global health. *Human Resources for Health, 10*(1), 43–48. doi:10.1186/1478-4491-10-43

Harvey, N., & Holmes, C. A. (2012). Nominal group technique: An effective method for obtaining group consensus. *International Journal of Nursing Practice, 18*, 188–194. doi:10.1111/j.1440-172X.2012.02017.x

Hasson, F., Keeney, S., & McKenna, H. (2000). Research guidelines for the Delphi survey technique. *Journal of Advanced Nursing, 32*(4), 1008–1015. https://www.ncbi.nlm.nih.gov/pubmed/11095242

Henderson, A., Eaton, E., & Burmeister, L. (2012). Development and preliminary validation of a tool to measure nurses' support for facilitating the learning of others. *International Journal of Nursing Studies, 49*(8), 1013–1016. doi:10.1016/j.ijnurstu.2012.02.013

Henderson, A., Ossenberg, C., & Dalton, M. (2016). Validation of the Australian Nursing Standards Assessment Tool. *Nurse Education Today, 36*, 23. doi: 10.1016/j.nedt.2015.07.012

Hisar, F., Karadağ, A., & Kan, A. (2010). Development of an instrument to measure professional attitudes in nursing students in Turkey. *Nurse Education Today, 30*(8), 726–730. doi:10.1016/j.nedt.2010.01.013

ICN. (2012). *The ICN code of ethics for nurses*. Retrieved from http://www.icn.ch/images/stories/documents/about/icncode_english.pdf

ICN. (2013). *Nursing regulation*. Retrieved from http://www.icn.ch/images/stories/documents/publications/position_statements/B04_Nsg_Regulation.pdf

Jarjoura, D., & Brennan, R. L. (1982). A variance components model for measurement procedures associated with a table of specifications. *Applied Psychological Measurement, 6*(2), 161–171. doi:10.1177/014662168200600202

Jeffs, L., Kuluski, K., Law, M., Saragosa, M., Espin, S., Ferris, E., … Bell, C. M. (2017). Identifying effective nurse-led care transition interventions for older adults with complex needs using a structured expert panel: Identifying effective nurse-led care transitions using a structured expert panel. *Worldviews on Evidence-Based Nursing, 14*(2), 136–144. doi:10.1111/wvn.12196

Kearney, R. A. (2005). Defining professionalism in anaesthesiology. *Medical Education, 39*, 769–776. doi:10.1111/j.1365-2929.2005.02233.x

Keeney, S., Hasson, F., & McKenna, H. (2011). *The Delphi technique in nursing and health research*. West Sussex, England: Wiley-Blackwell.

Kezar, A., & Maxey, D. (2014). The Delphi technique: An untapped approach of participatory research. *International Journal of Social Research Methodology, June*. doi:10.1080/13645579.2014.936737

Kim-Godwing, Y. S., Baek, H. C., & Wynd, C. A. (2010). Factors influencing professionalism in nursing among Korean American registered nurses. *Journal of Professional Nursing, 26*(4), 242–249. doi:10.1016/j.profnurs.2009.12.007

Koivunen, M., Niemi, A., & Hupli, M. (2015). The use of electronic devices for communication with colleagues and other healthcare professionals—Nursing professionals' perspectives. *Journal of Advanced Nursing, 71*(3), 620–631. doi:10.1111/jan.12529

Kolb, D. (1984). *Experiential learning: Experience as the source of learning and development.* Englewood Cliffs, NJ: Prentice Hall.

Kolen, M. J., & Jarjoura, D. (1984). Item profile analysis for tests developed according to a table of specifications. *Applied Psychological Measurement, 8*(3), 321–331. doi:10.1177/014662168400800309

Kourkouta, L., & Papathanasiou, I. V. (2014). Communication in nursing practice. *Academy of Medical Sciences of Bosnia and Herzegovina, 26*(1), 65–67. doi:10.5455/msm.2014.26.65-67

Kowalski, K. (2016). Professional behaviour in nursing. *The Journal of Continuing Education in Nursing, 47*(4), 158–159. doi: 10.3928/00220124-20160322-04

Krathwohl, D. R. (2002). A revision of Bloom's taxonomy: An overview. *Theory into Practice, 41*(4), 212–218. doi:10.1207/s15430421tip4104_2

Levett-Jones, T., & Bourgeois, S. (2011). *The clinical placement: An essential guide for nursing students* (2nd ed.). Australia: Elsevier.

Levett-Jones, T., & Bourgeois, S. (2015). *The clinical placement: An essential guide for nursing students* (3rd ed.). Australia: Elsevier.

Levett-Jones, T., Reid-Searl, K., & Bourgeois, S. (2018). *The clinical placement: An essential guide for nursing students* (4th ed.). Elsevier Australia.

Levinson, W. S., Hafferty, F. W., Lucey, C. R., & Ginsburg, S. (2014). *Understanding medical professionalism*. New York, NY: McGraw-Hill.

Lombarts, K., Plochg, T., Thompson, C. A., Arah, O. A., & Consortium, T. D. P. (2014). Measuring professionalism in medicine and nursing: Results of a European survey. *PLOSONE, 9*(5), e97069. doi:10.1371/journal.pone.0097069

McMillan, S. S., King, M., & Tully, M. P. (2016). How to use the nominal group and Delphi techniques. *International Journal of Clinical Pharmacy, 38*(3), 655–662. doi:10.1007/s11096-016-0257-x

Messick, S. (1975). The standard problem: Meaning and values in measurement and evaluation. *American Psychologist, 30*(10), 955–966. doi:10.1037/0003-066X.30.10.955

Miller, B. (1988). A model for professionalism in nursing. *Today's OR Nurse, 19*(9), 18-23.

Retrieved https://www.ncbi.nlm.nih.gov/pubmed/3176136

Miller, B. K., Adams, D., & Beck, L. (1993). A behavioral inventory for professionalism in

nursing. *Journal of Professional Nursing: Official Journal of the American

Association of Colleges of Nursing, 9*(5). 290-5. Retrieved

https://www.ncbi.nlm.nih.gov/pubmed/8294646

Miracle, V. A. (2011). Professionalism. *Dimensions of Critical Care Nursing, 30*(2), 131–

132. doi:10.1097/DCC.0b013e31820525f4

Moreland, J. J., & Apker, J. (2016). Conflict and stress in hospital nursing: Improving

communicative responses to enduring professional challenges. *Health

Communication, 31*(7), 815–823. doi:10.1080/10410236.2015.1007548

Morin, K. H., & Bellack, J. P. (2015). Student learning outcomes. *Journal of Nursing

Education, 54*(3 Suppl), S3–S4. doi:10.3928/01484834-20150217-10

Morse, J. M., Niehaus, L., Wolfe, R. R., & Wilkins, S. (2006). The role of the theoretical

drive in maintaining validity in mixed-method research. *Qualitative Research in

Psychology, 3*(4), 279. doi:10.1177/1478088706070837

Mosier, C. I. (1947). A critical examination of the concepts of face validity. *Educational and

Psychological Measurement, 7*(2), 191–205. doi:10.1177/001316444700700201

Moussaïd, M., Kämmer, J. E., Analytis, P. P., & Neth, H. (2013). Social influence and the

collective dynamics of opinion formation. *Plos One, 8*(11), e78433.

doi:10.1371/journal.pone.0078433

Needham, J., McMurray, A., & Shaban, R. Z. (2016). Best practice in clinical facilitation of

undergraduate nursing students. *Nurse Education in Practice, 20*, 131–138.

doi:10.1016/j.nepr.2016.08.003

Newman, I., Lim, J., & Pineda, F. (2013). Content validity using a mixed methods approach: Its application and development through the use of a table of specifications methodology. *Journal of Mixed Methods Research, 7*(3), 243–260. doi:10.1177/1558689813476922

NHMRC. (2007). *National Statement on Ethical Conduct in Human Research (2007)* (Update May 2015). Canberra, ACT: NHMRC.

NHMRC. (2018). *Australian Code for the Responsible Conduct of Research*. Australia: NHMRC. Retrieved from www.nhmrc.gov.au/guidelines/publications/r41.

NMBA. (2016). *Registered nurse standards for practice.* Australia: NMBA. Retrieved from https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx

NMBA. (2018a). *Code of conduct for nurses*. Australia: NMBA. Retrieved from https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx

NMBA. (2018b). *Code of conduct for nurses (2017).* Canberra, ACT: NMBA. Retrieved from https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx

Norman, G. R., & Streiner, D. L. (2008). *Biostatistics: The bare essentials* (3rd ed.). Shelton, CT: People's Medical Publishing House.

Norman, K. (2015). How mentors can influence the values, behaviours and attitudes of nursing staff through positive professional socialisation. *Nursing Management, 22*(8), 33–39. doi:10.7748/nm.22.8.33.s28

Notar, C. E., Zuelke, D. C., Wilson, J. D., & Yunker, B. D. (2004). The table of

specifications: Insuring accountability in teacher made tests. *Journal of Instructional Psychology, 31*(2), 115.

Nursing & Midwifery Council. (2017). *Enabling professionalism in nursing and midwifery practice.* Retrieved from https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/enabling-professionalism.pdf

Ossenberg, C., Henderson, A., & Dalton, M. (2015). Determining attainment of nursing standards: The use of behavioural cues to enhance clarity and transparency in student clinical assessment. *Nurse Education Today, 35*(1), 12–15. doi:10.1016/j.nedt.2014.09.002

Ossenberg, C., Henderson, A., & Dalton, M. (2016). Validation of the Australian Nursing Standards Assessment Tool (ANSAT): A pilot study. *Nurse Education Today, 36*, 23–30. doi: 10.1016/j.nedt.2015.07.012

Palos, G. R. (2014). Care, compassion, and communication in professional nursing: Art, science, or both. *Clinical Journal of Oncology Nursing, 18*(2), 247–248. doi:10.1188/14.CJON.247-248

Pareek, B., Batra, K., & Kalia, R. (2016). Development of professionalism assessment scale for nurse educator. *Asian Journal of Nursing Education and Research, 6*(4), 506. doi:10.5958/2349-2996.2016.00095.1

Perry, B. (2008). Role modelling excellence in clinical nursing practice. *Nurse Education in Practice, 9*, 36–44. doi:10.1016/j.nepr.2008.05.001

Pinkerton, S. (2001). The future of professionalism in nursing. *Nursing Economics, 19*(3), 130–131.

Planet Software. (2018). *SONIA*. Retrieved sonia@planetsoftware.com.au

Polit, D. F., & Beck, C. T. (2014). *Essentials of nursing research: Appraising evidence for nursing practice* (8th ed.). Philadelphia, PA: Wolters Kluwer Health/Lippincott Williams & Wilkins.

Purvis, S., Zupanc, T., VanDenBergh, S., & Martin, H. (2015). Population-based nursing competency development. *Journal for Nurses in Professional Development, 31*(4), 231. doi:10.1097/NND.0000000000000183

Quality Management Office. (2017). *Graduate attributes*. Retrieved from https://www.nd.edu.au/nav-about-notre-dame/quality-management-office

Royal, K. (2016). 'Face validity' is not a legitimate type of validity evidence! *The American Journal of Surgery, 212*(5), 1026–1027. doi:https://doi.org/10.1016/j.amjsurg.2016.02.018

Russell, K. (2016). Health professionals learning to ALWAYS care for patients. *Nursing Review*, May. Australia.

Russell, K. (2013). The art of clinical supervision program for registered nurses. Dissertation/Thesis. ResearchOnline@ND.

Schneider, Z., Whitehead, D., Lobiondo-Wood, G., & Haber, J. (2016). *Nursing and midwifery research: Methods and appraisals for evidence-based practice* (5th ed.). Australia: Elsevier.

Steel, C. (2016). Communication for safety: Recommendations for ACHS accreditation assessment. *ACORN: The Journal of Perioperative Nursing in Australia, 29*(1), 26–29.

SurveyMonkey.com. (2018). *SurveyMonkey*. Retrieved from https://www.surveymonkey.com

Tanaka, M., Taketomi, K., Yonemitsu, Y., & Kawamoto, R. (2014). Professional behaviours and factors contributing to nursing professionalism among nurse managers. *Journal of Nursing Management, 24*, 12–20. doi:10.1111/jonm.12264

Tanaka, M., Yonemitsu, Y., & Kawamoto, R. (2014). Nursing professionalism: A national survey of professionalism among Japanese nurses. *International Journal of Nursing Practice, 20*(6), 579–587. doi:10.1111/ijn.12201

Tashakkori, A., & Teddlie, C. (2010). *Sage handbook of mixed methods in social & behavioral research* (2nd ed.). California: Sage Publications.

The University of Chester. (2013). *Professional integrity rubric*. United Kingdom: The University of Chester.

Thurmond, V. A. (2001). The point of triangulation. *Journal of Nursing Scholarship, 33*(3), 253–258. doi:10.1111/j.1547-5069.2001.00253.x

UNDA. (2013). *Strategic plan 2013–2016*. Retrieved from https://www.nd.edu.au/university/strategic-plans

UNDA. (2017). *Policy: Ethics approval for research involving human participants*. Retrieved from https://www.notredame.edu.au/__data/assets/pdf_file/0004/2011/POLICY-Ethics-Approval-for-Research-Involving-Humans.pdf

UNDA. (2018a). *How to apply admissions process*. Retrieved from https://www.notredame.edu.au/study/how-to-apply

UNDA. (2018b). *Strategic plan 2018–2021*. Sydney, NSW. Retrieved from https://www.notredame.edu.au/__data/assets/pdf_file/0023/24764/Strategic-Plan-2018.pdf

Weis, D., & Schank, M. J. (2009). Development and psychometric evaluation of the Nurses Professional Values Scale—Revised. *Journal of Nursing Measurement, 17*(3), 221.

Woodward, B., Smart, D., & Benavides-Vaello, S. (2016). Modifiable factors that support political participation by nurses. *Journal of Professional Nursing, 32*(1), 54–61. doi:10.1016/j.profnurs.2015.06.005

Wynd, C. A. (2003). Current factors contributing to professionalism in nursing. *Journal of Professional Nursing, 19*(5), 251–261. doi:10.1016/S8755-7223(03)00104-2

Wynia, M. (2014). More than a list of values and desired behaviors: A foundational understanding of medical professionalism. *Academic Medicine, 89*(5), 712–714. doi:10.1097/ACM.0000000000000212

Wynia, M. K., Latham, S. R., Kao, A. C., Berg, J. W., & Emanuel, L. L. (1999). Medical professionalism in society. *The New England Journal of Medicine, 341*(21). 1612-1616. doi:10.1056/NEJM199911183412112

Yang, F. Y., Zhao, R. R., Liu, Y. S., Wu, Y., Jin, N. N., Li, R. Y., … Elliott, M. (2013). A core competency model for Chinese baccalaureate nursing graduates: A descriptive correlational study in Beijing. *Nurse Education Today, 33*(12), 1465–1470. doi:10.1016/j.nedt.2013.05.020

Zasadny, M. F., & Bull, R. M. (2015). Assessing competence in undergraduate nursing students: The amalgamated students assessment in practice model. *Nurse Education in Practice, 15*(2), 126–133. doi:10.1016/j.nepr.2015.01.003

Appendix 1: The Notre Dame University Graduate Attributes

The Notre Dame University Graduate Attributes

Communication	The ability to communicate effectively in all domains within a range of contexts, using oracy, literacy, numeracy and information skills.
Critical and Reflective Thinking	The ability to be a reflective practitioner with sound decision-making abilities, through the use of clear, critical and creative thinking, and effective problem-solving skills.
Technical Competence and Interdisciplinarity	A comprehensive technical knowledge of a field of study, in addition to interprofessional knowledge extending beyond a single discipline.
Lifelong Learning	Acceptance of personal responsibility for ongoing lifelong learning and professional development, with a capacity to be self-directed and use effective time-management skills.
Ethical Responsibility	A capacity for high ethical standards, both personally and professionally, underpinned by the ability to apply ethical thinking skills to social/societal problems and challenges.
Philosophical and Religious Approaches to Life	The ability to be an open and reflective individual, sensitive to and accepting of others' values and beliefs, while recognising and challenging prejudice and bias from a sound intellectual base.
Teamwork	A capacity to contribute in a positive and collaborative manner to achieve common goals.
Research and Information Retrieval Skills	The ability to construct new concepts or create new understandings through the process of research and inquiry.
Internationalisation	A capacity for international and global perspectives based on an understanding and appreciation of social and cultural diversity and individual human rights.
Commitment to Active Citizenship	A commitment to connect with and serve the community through active participation, engagement and reflection.

Appendix 2: Nursing Competency Assessment Schedule

Competencies

School of Nursing & Midwifery
Professional Practice Course

THE UNIVERSITY OF
NOTRE DAME
AUSTRALIA

Bachelor of Nursing
Professional Practice Course
NCAS Clinical Competency
Assessments

Students are required to complete all eight (8) clinical competencies within their allocated semester (NCAS p. 6).

The student must meet the minimum criteria of independent (shaded in grey) to pass the assessment.

It is the student's responsibility to provide their mentor (registered nurse/clinical facilitator) with a hard copy of the assessment rubric prior to the clinical assessment.

Once the clinical assessment is achieved the clinical facilitator needs to complete the Clinical Competency Assessments Table (NCAS p. 7).

Appendix 3: National Safety and Quality Health Service

Standards, Second Edition

Web link: https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-

standards/nsqhs-standards-second-edition/

Appendix 4: Australian Nursing Standards Assessment Tool

ANSAT — Australian Nursing Standards Assessment Tool

....

Student Name:	Student ID:	
Course Name / Code:	Year Level:	
Clinical Setting / Ward:	Placement Dates:	
Assessment type / date:	Formative	

Code:
1 = Expected behaviours and practices not performed
2 = Expected behaviours and practices performed below the acceptable/satisfactory standard
3 = Expected behaviours and practices performed at a satisfactory/pass standard
4 = Expected behaviours and practices performed at a proficient standard
5 = Expected behaviours and practices performed at an excellent standard
N/A = not assessed
**Note:- a rating 1 &/or 2 indicates that the STANDARD has NOT been achieved

Assessment item	Circle one number					
1. Thinks critically and analyses nursing practice						
Complies and practices according to relevant legislation and local policy	1	2	3	4	5	N/A
Uses an ethical framework to guide decision-making and practice	1	2	3	4	5	N/A
Demonstrates respect for individual and cultural (including Aboriginal and Torres Strait Islander) preference and differences	1	2	3	4	5	N/A
Sources and critically-evaluates relevant literature and research evidence to deliver quality practice	1	2	3	4	5	N/A
Maintains the use of clear and accurate documentation	1	2	3	4	5	N/A
2. Engages in therapeutic and professional relationships						
Communicates effectively to maintain personal and professional boundaries	1	2	3	4	5	N/A
Collaborates with the health care team and others to share knowledge that promotes person-centred care	1	2	3	4	5	N/A
Participates as an active member of the healthcare team to achieve optimum health outcomes	1	2	3	4	5	N/A
Demonstrates respect for a person's rights and wishes and advocates on their behalf	1	2	3	4	5	N/A
3. Maintains the capability for practice						
Demonstrates commitment to life-long learning of self and others	1	2	3	4	5	N/A
Reflects on practice and responds to feedback for continuing professional development	1	2	3	4	5	N/A
Demonstrates skills in health education to enable people to make decisions and take action about their health	1	2	3	4	5	N/A
Recognises and responds appropriately when own or other's capability for practice is impaired	1	2	3	4	5	N/A
Demonstrates accountability for decisions and actions appropriate to their role	1	2	3	4	5	N/A
4. Comprehensively conducts assessments						
Completes comprehensive and systematic assessments using appropriate and available sources	1	2	3	4	5	N/A
Accurately analyses and interprets assessment data to inform practice	1	2	3	4	5	N/A
5. Develops a plan for nursing practice						
Collaboratively constructs a plan informed by the patient/client assessment	1	2	3	4	5	N/A
Plans care in partnership with individuals/significant others/health care team to achieve expected outcomes	1	2	3	4	5	N/A
6. Provides safe, appropriate and responsive quality nursing practice						
Delivers safe and effective care within their scope of practice to meet outcomes	1	2	3	4	5	N/A
Provides effective supervision and delegates care safely within their role and scope of practice	1	2	3	4	5	N/A
Recognise and responds to practice that may be below expected organisational, legal or regulatory standards	1	2	3	4	5	N/A
7. Evaluates outcomes to inform nursing practice						
Monitors progress toward expected goals and health outcomes	1	2	3	4	5	N/A
Modifies plan according to evaluation of goals and outcomes in consultation with the health care team and others	1	2	3	4	5	N/A

GLOBAL RATING SCALE - In your opinion as an assessor of student performance, *relative to their stage of practice*, the overall performance of this student in the clinical unit was:

Unsatisfactory ☐ ----- Limited ☐ ----- Satisfactory ☐ → ----- Good ☐ → → Excellent ☐

DISCUSSED: ----- YES ----- NO   ADDITIONAL PAPERWORK: ----- YES ----- NO

DATE: _____

NAME: _____

SIGNATURE: _____

....

*complete this section ONLY if this is a summative assessment

Passed: ------ YES ------ NO

Appendix 5: Nursing and Midwifery Board of Australia Code of Conduct for Nurses

Web link: https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards.aspx

Appendix 6: International Council of Nurses Code of Ethics

for Nurses

Web link: http://www.icn.ch/who-we-are/code-of-ethics-for-nurses/
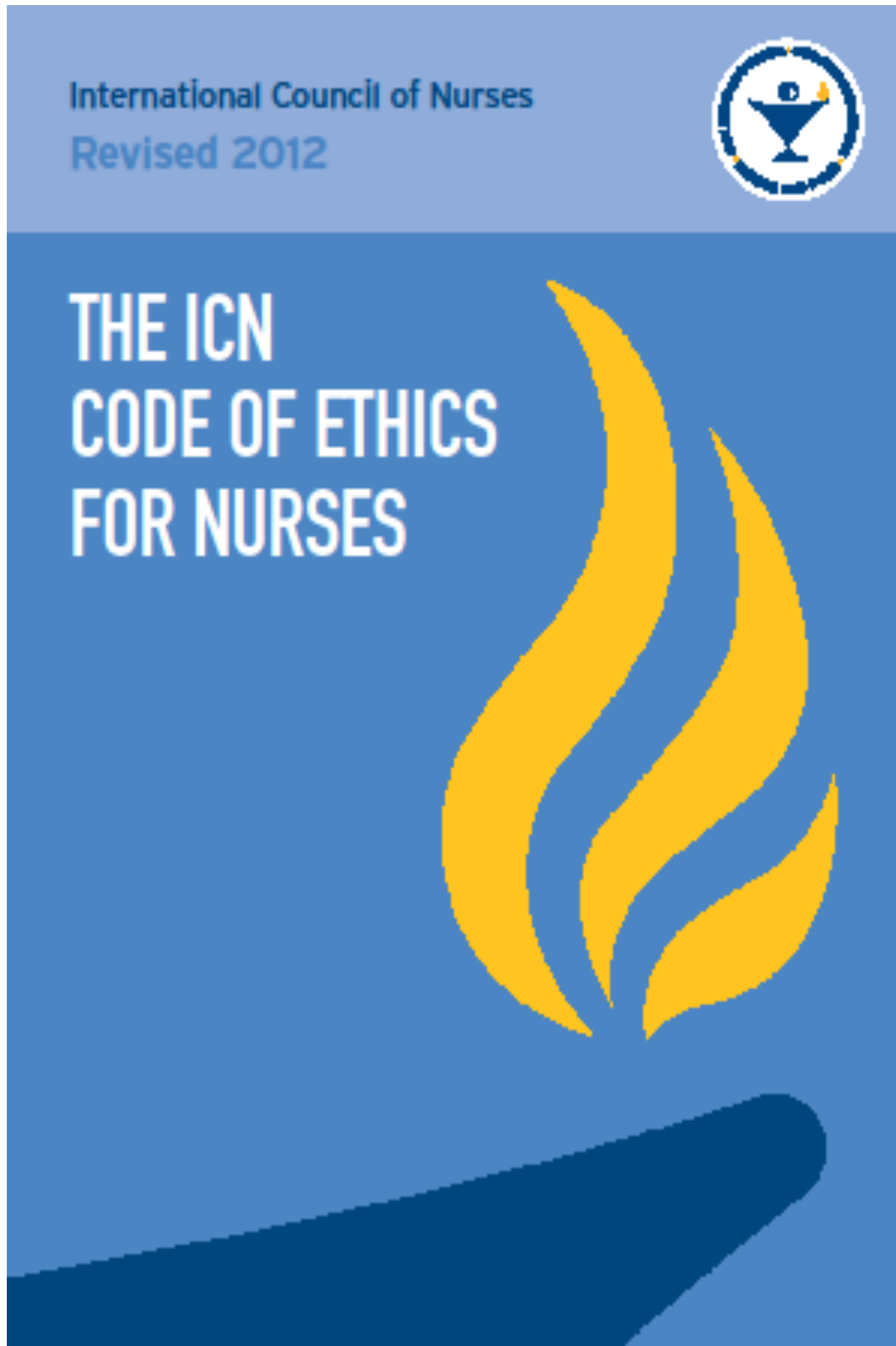
Appendix 7: Nursing and Midwifery Board of Australia

Registered Nurse Standards for Practice

Web link: https://www.nursingmidwiferyboard.gov.au/codes-guidelines-

statements/professional-standards/registered-nurse-standards-for-practice.aspx

Registered nurse standards for practice

Effective date 1 June 2016

Introduction

Registered nurse (RN) practice is person-centred and evidence-based with preventative, curative, formative, supportive, restorative and palliative elements. RNs work in therapeutic and professional relationships with individuals, as well as with families, groups and communities. These people may be healthy and with a range of abilities, or have health issues related to physical or mental illness and/or health challenges. These challenges may be posed by physical, psychiatric, developmental and/or intellectual disabilities.

The Australian community has a rich mixture of cultural and linguistic diversity, and the *Registered nurse standards for practice* are to be read in this context. RNs recognise the importance of history and culture to health and wellbeing. This practice reflects particular understanding of the impact of colonisation on the cultural, social and spiritual lives of Aboriginal and Torres Strait Islander peoples, which has contributed to significant health inequity in Australia.

As regulated health professionals, RNs are responsible and accountable to the Nursing and Midwifery Board of Australia (NMBA). These are the national *Registered nurse standards for practice* for all RNs. Together with NMBA standards, codes and guidelines, these *Registered nurse standards for practice* should be evident in current practice, and inform the development of the scopes of practice and aspirations of RNs.

RN practice, as a professional endeavour, requires continuous thinking and analysis in the context of thoughtful development and maintenance of constructive relationships. To engage in this work, RNs need to continue to develop professionally and maintain their capability for professional practice. RNs determine, coordinate and provide safe, quality nursing. This practice includes comprehensive assessment, development of a plan, implementation and evaluation of outcomes. As part of practice, RNs are responsible and accountable for supervision and the delegation of nursing activity to enrolled nurses (ENs) and others.

Practice is not restricted to the provision of direct clinical care. Nursing practice extends to any paid or unpaid role where the nurse uses their nursing skills and knowledge. This practice includes working in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory, policy development roles or other roles that impact on safe, effective delivery of services in the profession and/or use of the nurse's professional skills. RNs are responsible for autonomous practice within dynamic systems, and in relationships with other health care professionals.

How to use these standards

The *Registered nurse standards for practice* consist of the following seven standards:

1. Thinks critically and analyses nursing practice.

2. Engages in therapeutic and professional relationships.

3. Maintains the capability for practice.

4. Comprehensively conducts assessments.

5. Develops a plan for nursing practice.

Appendix 8: Table of Specifications

Table of Specifications

Please use the Likert scale to rate the ability of the criteria to assess undergraduate

nursing professional practice

Table 1 **Professional Practice Competency Criteria** Course title: Professional Practice Course Stage of learning: Semester 1 to 6 nursing students Period of testing: Practicum placement dates as allocated Date of test: Formative and summative points of each practicum placement Type of test: Clinical assessment of professional practice Test value: 100% competency in Bondy scale required to pass each practicum placement Base number of test questions: 33 criteria to be assessed Constraints: Timeframe to undertake both formative and summative assessments on shorter practicum placements	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
KNOWLEDGE ASSESSMENT CRITERIA					
1. Integrates NMBA *Code of Conduct for Nurses* and *Registered Nurse Standards for Practice*, ICN *Code of Ethics for Nurses*, *Health Practitioner Regulation National Law (WA) Act 2010*, *Medicines and Poisons Act 2014* and mandatory reporting obligations of the RN into practice as a student RN.					
2. Prioritises accountability in decision making and integrates knowledge of open disclosure process.					
3. Prioritises decision making and adapts practice to comply with codes, standards and legislation governing nursing practice within current scope.					
4. Demonstrates systematic patient assessment, analysis of findings and ability to prioritise and coordinate patient care.					
5. Integrates recognised reporting mechanisms to escalate patient care in response to clinical deterioration.					
6. Demonstrates accountability in decision making and practice.					
7. Analyses assessment results and collaborates in decision making and care planning with mentoring staff.					
8. Integrates sound knowledge of pathophysiology and pharmacology to support clinical decision making.					
9. Applies National Safety and Quality Health Service Standards to patient care.					
10. Incorporates NMBA code of conduct and ICN code of ethics in communication, behaviour and attitudes in and out of the clinical setting.					
11. Demonstrates understanding of responsibility for duty of care to patients and their families.					
SKILLS ASSESSMENT CRITERIA					
12. Demonstrates timely and responsive care to ensure patient safety in a changing environment.					
13. Applies evidence-based theory to practice.					

14. Ensures safety of self and others during nursing interventions.					
15. Demonstrates flexibility and an ability to multi-task workload.					
16. Independently establishes and works within own scope of practice.					
17. Demonstrates sound interpersonal skills in effective interprofessional communication.					
18. Advocates for patients.					
19. Applies critical thinking and analysis to enable problem solving.					
20. Demonstrates ability to work as an effective team member.					
21. Independently identifies and manages patient activities of daily living.					
ATTITUDES ASSESSMENT CRITERIA					
22. Presents to placement adequately prepared, with an inquiring mind and positive attitude, and is receptive to feedback.					
23. Demonstrates sensitivity and acceptance of others' beliefs, values and differences in provision of person-centred care.					
24. Reflects on past experiences and applies this knowledge to enable adaptation to clinical environment.					
25. Acts in a professional and respectful manner at all times.					
26. Rationalises decision making with reflective and evidence-based responses.					
27. Identifies, respects and maintains professional boundaries with patients and their family, visitors and staff.					
28. Relates and values staff contribution to learning on practicum.					
29. Consistently provides patient-centred care.					
30. Develops a plan to manage identified learning needs.					
31. Identifies and appropriately manages own response to stress.					
32. Demonstrates emotional intelligence in practice and interactions with others.					
33. Represents Notre Dame University and self in a professional manner through both appearance and engagement with placement.					

Table of specifications, based on Notar et al. (2004).

Appendix 9: Email Invitation and Participant Information

Sheet, Phase 1

From: Christine Adams [mailto:christine.adams1@my.nd.edu.au]

Sent: Friday, 9 February 2018 2:58 PM

Subject: Research project request Chris Adams

Dear

I would like to invite you to participate in a research project I am undertaking for my Master of Nursing (Research).

This study aims to develop a *Professional Practice Competency* to measure and assess the essential construct of professionalism in nursing practice for Bachelor of Nursing students from a private Catholic University in Western Australia (WA).

You meet the inclusion criteria to contribute as an expert nurse on the Delphi panel and I would greatly appreciate your participation. The Delphi panel will assist in obtaining a consensus of opinion and face validity of commonly accepted criteria for measuring professionalism in nursing. This will entail three rounds of surveys on SurveyMonkey, possibly taking up to 15 mins of your time per round. The participant information sheet and consent form are attached to this email and will provide you detailed information about my project. Could you please sign and email back to me your consent to participate? Please do not hesitate to contact me should you have any further questions once you have read the attached information.

The below link will provide you access to the SurveyMonkey survey. Please feel free to respond to the anonymous survey prior to the 18th February.

https://www.surveymonkey.com/r/CXJXV6Y

Delphi panel questionnaire professional practice competency survey

www.surveymonkey.com

Web survey powered by SurveyMonkey.com. Create your own online survey now with SurveyMonkey's expert certified FREE templates.

Kindest Regards,

Chris

Christine Adams

Master of Nursing Candidate

The School of Nursing and Midwifery

PARTICIPANT INFORMATION SHEET

Development of a Professional Practice Competency for Undergraduate Nursing Students at a Private Catholic University in Western Australia: A Mixed-method Study

Dear Delphi panellist,

You are invited to participate in the research project described below.

What is the project about?

The research project aims to develop a professionalism competency for use in the Bachelor of Nursing course at The University of Notre Dame Australia (Fremantle Campus). This will be conducted in two phases. The Delphi method will obtain information from an expert panel of nurses to aid development of the criteria for assessment and language used within the competency. The second phase will involve surveying clinical facilitators about their opinions on the most suitable criteria for the competency and ability to effectively measure professionalism in undergraduate nursing practice.

Who is undertaking the project?

This project is being conducted by Christine Adams and will form the basis for the degree of Master of Nursing at The University of Notre Dame Australia, under the supervision of Associate Professor Kylie Russell and Dr Tracey Coventry.

What will I be asked to do?

If you consent to take part in this research study, it is important that you understand the purpose of the study and the tasks you will be asked to complete. Please make sure that you ask any questions you may have, and that all your questions have been answered to your satisfaction before you agree to participate.

- The Delphi panel of expert nurses will be asked to undertake three iterative rounds of survey or until a consensus of opinion is reached. It is estimated that each survey will take no longer than 15 minutes to complete at each round. In

between each survey round, a summary report will be provided to the expert panel outlining the main themes identified by the researcher. Survey rounds will then continue until the researcher finds a consensus of expert opinion regarding language and assessment criteria for the proposed competency. The findings of the study will be provided to the expert panel on completion of the research.

- The Delphi method will require expert nurses to provide comment via online survey using SurveyMonkey and communicate via email with the researcher. Set timeframes will be required for completion of surveys. This will allow the researcher to provide a summary report to all participants prior to the next round of survey completion. The questions will be related to the proposed competency and request feedback about use of language and structure of the proposed professionalism in nursing competency assessment criteria.

- The Delphi panel of expert nurses will be communicated with via email and telephone. There will be no requirement for the expert panel to meet or be interviewed.

- The clinical facilitators in Phase 2 will be surveyed using SurveyMonkey on one occasion only, to establish content validity of the proposed professional practice competency. The survey should take no longer than 15 minutes to complete. There will be no requirement for the clinical facilitators to meet or be interviewed.

Are there any risks associated with participating in this project?

There are no specific risks anticipated with participation in this study. However, if you find that you are becoming distressed or anxious, you will be advised to receive support from Nurse and Midwife Support on 1800 667 877.

What are the benefits of the research project?

While there are no immediate benefits to participants of this study, the Delphi panel and clinical facilitators have the opportunity to utilise time contributed to research participation as continuous professional development hours. No other benefits have

been identified. Overall, the benefits of this study will be the development of a Notre Dame professional practice competency and identification of the construct and measure of nursing professionalism in contemporary undergraduate nursing practice at Notre Dame University Australia (Fremantle Campus).

What if I change my mind?

Participation in this study is completely voluntary. Even if you agree to participate, you can withdraw from the study at any time without discrimination or prejudice. If you withdraw, all identifiable information you have provided will be erased/destroyed. Participants who are engaged in employment with the university and School of Nursing and Midwifery will not be prejudiced in any way should the decision to withdraw at any time be made.

Will anyone else know the results of the project?

Information gathered about you will be held in strict confidence. This confidence will only be broken if required by law. Data collected from you will be de-identified and stored securely in a locked filing cabinet or on a password-protected hard drive in the School of Nursing and Midwifery at The University of Notre Dame Australia for a period of at least five years. The data may be used in future research, but you will not be identified. The results of the study will be published as a journal article/thesis/book chapter, but will not identify individual participants, as all data will be de-identified as part of the research process. Delphi panel expert members may be contacted to request written permission to be acknowledged in publications resulting from the research.

Will I be able to find out the results of the project?

Once we have analysed the data from this study, we will email participants a summary of our findings, in approximately six to 12 months.

Who do I contact if I have questions about the project?

If you have any questions about this project, please feel free to contact my supervisors, Associate Professor Kylie Russell (kylie.russell@nd.edu.au, 94330294) and

Dr Tracey Coventry (tracey.coventry@nd.edu.au, 94330627). My supervisors and I are happy to discuss with you any concerns you may have about this study.

What if I have a concern or complaint?

The study has been approved by the Human Research Ethics Committee at The University of Notre Dame Australia (approval number 017209F). If you have a concern or complaint regarding the ethical conduct of this research project and would like to speak to an independent person, please contact Notre Dame's Ethics Officer at (+61 8) 9433 0943 or research@nd.edu.au. Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the outcome.

How do I sign up to participate?

If you are happy to participate, please sign both copies of the consent form, keep one for yourself and mail the other to me in the envelope provided/click on the following link to the survey/complete the attached survey and submit it in the box provided. Thank you for your time. This sheet is for you to keep.

Yours sincerely,

Christine Adams _____

Associate Professor Kylie Russell _____

Dr Tracey Coventry _____

Appendix 10: Conside Form

Appendix 10: Consent Form

THE UNIVERSITY OF
NOTRE DAME
A U S T R A L I A

CONSENT FORM

Development of a Professional Practice Competency for Undergraduate Nursing Students at a Private Catholic University in Western Australia: A Mixed-method Study

- I agree to take part in this research project.

- I have read the Information Sheet provided and been given a full explanation of the purpose of this study, the procedures involved and what is expected of me.

- I understand that I will be asked to: offer opinions and feedback through surveys via email as a Delphi panel member or via a single survey as a clinical facilitator.

- The researcher has answered all my questions and has explained possible problems that may arise as a result of my participation in this study.

- I understand that I may withdraw from participating in the project at any time without prejudice.

- I understand that all information provided by me is treated as confidential and will not be released by the researcher to a third party unless required to do so by law.

- I agree that any research data gathered for the study may be published, provided my name or other identifying information is not disclosed.

- I understand that research data gathered may be used for future research, but my name and other identifying information will be removed.

Name of participant			
Signature of participant		Date	

I confirm that I have provided the Information Sheet concerning this research project to the above participant, explained what participating involves and answered all questions asked of me.

Signature of researcher		Date	

Appendix 11: Invitation to Participate Email to Clinical Facilitators, Phase 2

PARTICIPANT INFORMATION SHEET Phase Two.docx 45 KB	Table of Specifications criteria following four rounds of Delphi panel review and consensus.docx 31 KB

Dear Clinical Facilitators,

I am writing to invite you to participate in a research project I am undertaking for my Master of Nursing. Its aim is to develop a professional practice competency to be included within the current clinical assessment tool, the NCAS. I have attached an information sheet for you to read before you make a decision.

It is important that you understand there is no obligation to participate and if you decide not to, I will not know and it will not affect your continued employment as a CF. I am very aware of my relationship with you as the professional practice coordinator and your employer and wish to reassure you that all responses will not be identifiable.

If you would like to participate, please follow the link, below, to the survey. I have attached a copy of the proposed competency within the Table of Specifications table (research methodology being used) to this email, **but this is just for your interest. You need to offer your opinions in the SurveyMonkey survey only. You will see these instructions once you enter the survey by clicking on the link below or copying and pasting it into your web browser.**

https://www.surveymonkey.com/r/9JTYGD3

Dear Clinical Facilitators,
You are invited to participate in the development of a professional practice competency for Notre Dame undergraduate nursing students. It is envisaged this competency will be added to current competencies within the NCAS and be assessed at formative and summative points of the placement, just like the clinical competency assessment that is currently undertaken. Please review each criteria and rate its ability, in your opinion, to assess professional practice or professionalism in Notre Dame nursing students in the clinical setting.

Many thanks for your consideration to participate.

Kind Regards,
Chris
Christine Adams
20143477
Master of Nursing Candidate
The School of Nursing and Midwifery
The University of Notre Dame Australia, Fremantle campus

Appendix 12: Position Description of Clinical Facilitator employed at Research Site

THE UNIVERSITY OF
NOTRE DAME
A U S T R A L I A

Clinical Facilitator Position Description

Title: Clinical Facilitator Nursing

The University of Notre Dame Australia facilitates student clinical learning utilising two different roles, namely, the Clinical Facilitator and Clinical Education Liaison Officer (CELO). These two roles perform similar duties with the same responsibilities.

The clinical facilitator holds a short term contract with the University and the CELO fills a position created between the University and the Health Care Facility.

1. Purpose of position

The Clinical Facilitator & CELO assist students to link theory and practice through workplace integrated learning. The clinical facilitator/CELO assists the student to develop the knowledge, attitudes and skills necessary for practice within a diverse clinical environment.

The clinical facilitator is a professional role model for students, is responsible for maintaining positive relationships with health care agencies and contributes to enhancing the clinical learning experience. Clinical facilitators will have highly developed communication and interpersonal skills, a strong work ethic and a commitment to research/ evidence based practice.

The Clinical Facilitator & CELO ensure students work within their scope of practice, use evidence based practice during clinical placement and provide support and mentorship in order to develop students' reflective and critical thinking skills.

2. Responsible to the Dean of the School of Nursing and Midwifery with the Clinical Placements Coordinator being directly responsible for management and performance review

3. Duties and Responsibilities

Clinical Facilitation:

- The clinical facilitator will undertake activities designed to maximize clinical learning using a student centred approach
- Clearly and consistently communicate expectations of students while on practicum
- Be familiar with the objects and values of the university and relevant health care agencies in which clinical facilitation is undertaken
- Actively facilitate learning opportunities relevant to student and practicum unit learning objectives.
- Attend scheduled clinical facilitator education and debrief meetings/sessions
- Ensure adequate personal orientation to the clinical facility in which the clinical practicum is to be undertaken (if other than the facility in which the clinical facilitator is employed)

Appendix 13: Participant Information Sheet, Phase 2

PARTICIPANT INFORMATION SHEET

Development of a Professional Practice Competency for Undergraduate Nursing Students at a Private Catholic University in Western Australia: A Mixed-method Study

Dear Clinical Facilitator,

You are invited to participate in the research project described below.

What is the project about?

The research project aims to develop a professional practice competency for use in the Bachelor of Nursing program at The University of Notre Dame Australia (Fremantle Campus). This will be conducted in two phases. The Delphi method was used in Phase 1 to obtain information from an expert panel of nurses to develop criteria for the professional practice competency. The second phase will involve surveying Clinical Facilitators about their belief that the professional practice competency provides a framework for assessment of undergraduate nursing professional practice during clinical placement.

Who is undertaking the project?

This project is being conducted by Christine Adams and will form the basis for the degree of Master of Nursing at The University of Notre Dame Australia, under the supervision of Associate Professor Kylie Russell and Dr Tracey Coventry.

What will I be asked to do?

If you choose to participate in this research study, it is important that you understand the purpose of the study and the task you will be asked to complete. Please make sure that you ask any questions you may have, and that all your questions have been answered to your satisfaction before you agree to participate.

- As a Clinical Facilitator, you will be surveyed using SurveyMonkey on one occasion only, about your perception of the proposed professional practice competency.

- The survey should take no longer than 15 minutes to complete. There will be no requirement for Clinical Facilitators to meet, be interviewed or be identified.

Are there any risks associated with participating in this project?

There are no specific risks anticipated with participation in this study. However, if you find that you are becoming distressed or anxious, you will be advised to receive support from Nurse and Midwife Support on 1800 667 877.

What are the benefits of the research project?

While there are no immediate benefits to participants of this study, the Delphi panel and Clinical Facilitators have the opportunity to utilise time contributed to research participation as continuous professional development hours. No other benefits have been identified. Overall, the benefits of this study will be the development of a Notre Dame professional practice competency and identification of the construct and measure of nursing professionalism in contemporary undergraduate nursing practice at The University of Notre Dame Australia (Fremantle Campus).

What if I change my mind?

Participation in this study is completely voluntary. Even if you agree to participate, you can withdraw from the study at any time without discrimination or prejudice. If you withdraw, all identifiable information you have provided will be erased/destroyed. Participants who are engaged in employment with the university and School of Nursing and Midwifery will not be prejudiced in any way should the decision to withdraw at any time be made.

Will anyone else know the results of the project?

Data collected from you will be anonymous. Your permission to participate in this survey is implied if you choose to complete the survey. Once survey data are submitted, it will be impossible to remove your data, as they are anonymous and unidentifiable. If you do not wish to participate, please do not complete the survey. You do not need to do anything else to withdraw your participation from this research. This data will be stored securely in a locked filing cabinet or on a password-protected hard drive in the School of Nursing and Midwifery at The University of Notre Dame Australia for a period of at least five years. The data may be used in future research, but you will not be identified. The results of the study will be published as a

journal article/thesis/book chapter, but will not identify individual participants, as all data will be de-identified as part of the research process. Delphi panel expert members may be contacted to request written permission to be acknowledged in publications resulting from the research.

Will I be able to find out the results of the project?

Once we have analysed the data from this study, we will email participants a summary of our findings, in approximately six to 12 months.

Who do I contact if I have questions about the project?

If you have any questions about this project, please feel free to contact my supervisors, Associate Professor Kylie Russell (kylie.russell@nd.edu.au, 94330294) and Dr Tracey Coventry (tracey.coventry@nd.edu.au, 94330627). My supervisors and I are happy to discuss with you any concerns you may have about this study.

What if I have a concern or complaint?

The study has been approved by the Human Research Ethics Committee at The University of Notre Dame Australia (approval number 017209F, granted 19 December 2017). If you have a concern or complaint regarding the ethical conduct of this research project and would like to speak to an independent person, please contact Notre Dame's Ethics Officer at (+61 8) 9433 0943 or research@nd.edu.au. Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the outcome.

How do I sign up to participate?

If you are happy to participate, please click on the link to the SurveyMonkey survey provided in the email from the researcher. On completion of the survey questions, your responses will be submitted to the researcher. Thank you for your time. This sheet is for you to keep.

Yours sincerely,

Christine Adams　　　　　　　　_____

Associate Professor Kylie Russell　　_____

Dr Tracey Coventry　　　　　　　_____

Appendix 14: Delphi Panel Survey Questions, Round 2

Round 2 Delphi Questions, SurveyMonkey

Q1: Please copy and paste your preferred responses from the KNOWLEDGE statements provided. Please rank in order of importance to you, with 1 being most important and 10 being least important (minimum of five responses required).

Q2: Please copy and paste your preferred responses from the SKILLS statements provided. Please rank in order of importance to you, with 1 being most important and 10 being least important (minimum of five responses required).

Q3: Please copy and paste your preferred responses from the ATTITUDES statements provided. Rank in order of importance to you, with 1 being most important and 10 being least important (minimum of five responses required).

Q4: Please feel free to provide comments or opinions in the box below.

Appendix 15: Email to Delphi Participants, Phase 1 Round 3

The University of Notre Dame Australia

Dear,

Thank you for completing Rounds 1 and 2 of my research project. The attached first draft professional practice competency is a summary of findings so far.

Please see attached the **first draft** of the professional practice competency.

The competency statements are based on the Delphi panel's most frequently returned responses in Round 2. I have provided a Word copy so you can easily make suggested changes if required, but it is hoped these statements reflect the panel's opinions on how professional practice in nursing students from Notre Dame can be assessed. If you feel they do not reflect accurately your opinions, please make comments/changes and send back to me.

The second attachment is a Word document with the statements that **did not quite make it** to the draft competency.

I am interested to hear if the panel feel these should be included or are repetitive and should remain excluded. Can you please review and rate the statements, particularly in relation to their relevance to the Notre Dame graduate attributes (attached)?

Thanks so much again. I look forward to hearing from you over the next week.

Kindest Regards,

Chris

Appendix 16: Human Research Ethics Committee Approval Letter

and Letter of Candidature

THE UNIVERSITY OF
NOTRE DAME
AUSTRALIA

19 Mouat Street (PO Box 1225) Fremantle WA 6959
+61 8 9433 0555 | enquiries@nd.edu.au

19 December 2017

Dr Kylie Russell & Ms Christine Adams
School of Nursing & Midwifery
The University of Notre Dame Australia
Fremantle Campus

Dear Kylie and Chris,

Reference Number: 017209F

Project Title: "Development of a professional practice competency for undergraduate nursing students at a private Catholic University in Western Australia: A mixed method study."

Thank you for submitting the above project for Low Risk ethical review. Your application has been reviewed by a sub-committee of the university's Human Research Ethics Committee in accordance with the *National Statement on Ethical Conduct in Human Research* (2007, updated May 2015). I am pleased to advise that ethical clearance has been granted for this proposed study.

Other researchers identified as working on this project are:

Name	School/Centre	Role
Dr Tracey Coventry	School of Nursing & Midwifery	Co-Supervisor

All research projects are approved subject to standard conditions of approval. Please read the attached document for details of these conditions.

On behalf of the Human Research Ethics Committee, I wish you well with your study.

Yours sincerely,

Dr Natalie Giles
Research Ethics Officer
Research Office

cc: A/Prof Caroline Bulsara, SRC Chair, School of Nursing & Midwifery

Broome Campus 88 Guy Street (PO Box 2287) Broome WA 6725
Sydney Campus 140 Broadway (PO Box 944) NSW 2007

Fremantle   Broome   Sydney   ABN 69 330 643 210 | CRICOS Provider Code: 01032F   nd.edu.au

7th December 2017

Chrsitine Adams
1 Weston Way
KARDINYA WA 6163

Dear Christine,

On behalf of the School of Nursing and Midwifery, I write to advise you of approval of your research proposal and full candidacy in your Masters studies.

The Research Office congratulates you on this achievement and wishes you well for your research program. Please do not hesitate to contact the Research Office or your Supervisor if you have any questions about your candidacy.

Yours sincerely,

Professor Greg Blatch
Pro Vice Chancellor – Research

cc: *Prof Elaine Pavlos, Dean, School of Nursing and Midwifery*
        Dr Kylie Russell, Principal Supervisor
        Ms Tracey Coventry, Co-Supervisor
        Dr Kate Howell, Higher Degree by Research Education Coordinator

Appendix 17: Delphi Panel Survey Questions, Round 1

Round 1 Delphi Questions, SurveyMonkey

Q1 Knowledge: The information a student nurse acquires through education and experience. Please reflect and provide your comments on the expected knowledge of an undergraduate nursing student that supports them in their development as a professional.

Q2: Keeping knowledge of undergraduate nurses in mind, are there additional elements that you expect from a Notre Dame (ND) nursing student? (Refer to ND graduate attributes attachment)

Q3 Skills: Recognised as the proficiency to complete the nursing care relevant to the appropriate stage of training for each nursing student. Please reflect and provide your comments on the expected skills required of an undergraduate nursing student that support their development and understanding of being a professional nurse.

Q4: Are your expectations of the skills of a ND student any different based on the graduate attributes?

Q5 Attitudes: Personal expression through thoughts, words and actions, as assessed by the ABC Model of Attitudes. Affective: emotions, behaviours and feelings. Behavioural: actions or inactions in response to the environment. Cognitive: beliefs, knowledge, logical thoughts and processes. Please reflect and provide your comments on the attitudes that best represent a professional nursing student.

Q6: Are the expected attitudes of a ND nursing student any different, considering the ND graduate attributes?

Q7: Do you have any further comments on your expectations of a ND nursing student?

Appendix 18: Competency Statements from Round 1 of Delphi Panel

Knowledge	Competency Statements
	Understands the Code of Conduct for Nurses, ICN Code of Ethics for Nurses, Registered nurse standards for practice, Nurses Act, Poisons Act and mandatory reporting obligations of the Registered Nurse.
	Understands how to make decisions and adapt practice to comply with codes, standards and legislation governing nursing practice
	Understands the Codes of Conduct and Ethics and their application to communication, behaviour and attitudes in and out of clinical settings
	Understands patient's right to privacy, confidentiality and dignity in relation to own and others social media use
	Verbalises understanding of importance for self-care and available resources in managing stress responses
	Understands the professional responsibility to be familiar with work environment
	Recognises and understands the trust the general public has in nurses outside of the workplace
	Understands the importance of the uniform in professional identification and reasons for uniform policy
	Understands the difference between responsibility and accountability in nursing practice
	Demonstrates understanding of responsibility for duty of care to patients and their families
	Understands that interprofessional and nursing staff have expectations of nursing students
	Understands importance of conducting a cultural needs assessment to provide appropriate and culturally sensitive care
	Understands importance of timely and responsive care to ensure safety in a changing environment
	Demonstrates understanding of emotional intelligence through awareness of self and others
	Understands own reactions and responses to stress and ways to best manage
	Understands own attitudes to learning and how these can impact on success of placement
	Understands the value of interprofessional resources available in the learning environment
	Understands codes and standards that govern management of patient information and confidentiality
	Understands how to apply the National Safety and Quality Health Standards to ensure patient safety
	Articulates the importance of providing safe nursing care through adherence to policies and procedures
	Understands the concept of person centered care
	Identifies available resources for own enhanced learning
	Understands infection control principles
	Understands principles of wound healing and wound care techniques
	Understands importance of assessment and analysis in prioritising and coordinating patient care
	Understands the importance of sharing assessment findings with mentoring staff and collaborating in decision making
	Understands reporting mechanisms available to recognise and respond appropriately to clinical deterioration
	Understands how to systematically conduct a patient assessment
	Understands importance to the nursing team of attending in a punctual and polite manner

	Understands policies relating to use of personal electronic devices during patient care
	Understands the role of feedback in own development and responds appropriately
	Understands importance of taking responsibility for NCAS completion
	Understands the importance of and commitment to lifelong learning in ensuring evidence based practice
	Understands the role of accountability in decision making and practice
	Understands the role of quality improvement and importance of participation - as scope allows
	Understands how to establish own scope of practice
	Understands how to use the Nursing practice decisions summary guide
	Demonstrates sound knowledge of pathophysiology and pharmacology supporting clinical decision making
	Demonstrates critical thinking and application of evidenced based theory to practice
	Understands the basic skills expected for own stage of learning
	Understands the importance of possessing relevant skills for area of practice
	Verbalises knowledge of anatomy and physiology relating to disease processes and how these inform nursing care
	Understands the importance of communicating clearly at all times
	Understands the necessity for technical competence in providing safe care
	Understands importance of utilising past experiences to improve practice and build on concepts
	Understands knowledge required to safely and effectively care for a patient load appropriate for stage of learning
	Understands importance of competent assessment skills and reporting processes in escalating clinical concerns
	Understanding of the importance of acting and working in a professional manner
	Understands the importance of professional socialisation by adapting to the local health community/team in a positive way
	Demonstrates understanding of nursing culture through willingness to be part of the team
	Understands the importance of a professional attitude to study, work and appearance
	Possesses knowledge and willingness to teach patients and colleagues
	Understands the importance of listening and responding appropriately to patients needs
	Understanding of philosophical and religious approaches to life and impact on providing healthcare as a team
	Understands that commitment and engagement with communities of hospital/ward/health care facility enhances nursing socialisation
	Understands that caring involves sensitivity and acceptance of others beliefs, values and differences
	Understands importance of global perspectives in health care
	Understands the role of Catholic ethos in care provision
	Understands the value of teamwork and the interprofessional team in the healthcare setting

Skills	
	Establishes own scope of practice
	Skills possessed are appropriate for stage of training
	Uses professionally accepted terminology
	Advocates for patients appropriately
	Possesses skills in communication and can competently hand over a patient load
	Displays skills in adaptive communication as contextually appropriate
	Displays sound reflective practice skills to promote own professional development
	Demonstrates awareness of professional boundaries
	Provides care in a timely manner
	Awareness of importance of a safe work environment and OHS responsibilities of the nurse
	Displays critical thinking skills in practice
	Demonstrates interpersonal skills in effective communication
	Able to be demonstrate flexibility and multi-tasking in nursing care
	Demonstrates skill in escalating care through correct use of reporting mechanisms
	Able to critically think and analyse to problem solve
	Ensures practice is supervised by mentoring staff or CF
	Displays skills in teamwork and communication with interprofessional team members
	Ensures practice is supervised either directly or indirectly
	Able to advocate for patients
	Ensures safety of self and others during nursing interventions
	Develops and maintains therapeutic relationships with patients
	Demonstrates problems solving abilities
	Displays adequate dexterity and skill in all nursing interventions
	Displays a desire to learn new skills and consolidate existing skill
	Demonstrates competent numeracy and literacy skills for safe patient care
	Able to identify and manage patient ADL's

	Displays initiative in seeking out own learning opportunities
	Displays ability to work as an effective team member
	Confidently identifies own skill set and scope
	Demonstrates commitment to developing lifelong learning skills
	Seeks out clinical competency assessment opportunities for stage of learning
	Attends placement prepared to learn from the environment
	Demonstrates intuitive nursing skills - knowing what patients require
	Demonstrates safe and competent basic skills
	Displays flexibility and an ability to multi task workload
	Able to ensure patient safety through assessment of local environment and mobility assessment
	Displays a positive attitude to learning and building on existing knowledge
	Demonstrates technical competence, critical and reflective thinking in practice
	Displays attention to detail
	Competent time management skills
	Competent in handover of patient care
	Possesses skills in listening and reflection when challenged about practice
	Displays confidence in using communication, critical thinking and analysis skills
	Demonstrates beginning research skills
	Student actively seeks to achieve graduate attributes understanding that practice and experience develop these attributes over time
Attitudes	
	Presents with an appropriate level of enthusiasm, preparation and curiosity
	Presents with an inquiring mind, positive attitude and is open to feedback
	Values appearance and presentation of self
	Leaves personal problems and stressors outside of the workplace
	Rationalises decision making with reflective and evidence based responses
	Consistently provides patient centered care
	Acts in a professional and respectful manner at all times
	Professionally represents Notre Dame

	Values the management of resources in a safe and responsible manner
	Maintains and respects professional boundaries with patients, visitors and staff
	Refrains from interrupting or speaking out of turn
	Proactively identifies and manages own learning needs
	Reflects on past placements and explores own emerging understanding of nursing culture with peers and mentors
	Reflects on past experiences and understands how this enables adaptation to the clinical environment
	Identifies and appropriately manages own responses to stress
	Displays a positive attitude
	Values emotional intelligence in practice and interactions
	Values staff contribution to learning on practicum placement

Appendix 19: Delphi Panel Round 3 Statements in Draft Competency Template

Professional Practice Competency (Draft) Professionalism relates to the knowledge, skills, conduct, behaviours and attitudes of undergraduate registered nurses undertaking practicum						
CF/RN to please initial and date the appropriate column	Independent: (I)	Supervised: (S)	Assisted (A)	Marginal (M)	Dependent: (D)	Not Assessed
KNOWLEDGE Understands NMBA *Code of Conduct for Nurses* and *Registered Nurse Standards for Practice*, ICN *Code of Ethics for Nurses*, *Health Practitioner Regulation National Law (WA) Act 2010*, *Medicines and Poisons Act 2014* and mandatory reporting obligations of the registered nurse into practice.						
Understands how to make decisions and adapt practice to comply with codes, standards and legislation governing nursing practice within current scope.						
Systematically conducts patient assessment, demonstrating analysis of findings and ability to prioritise and coordinate patient care.						
Understands reporting mechanisms available to recognise and respond appropriately to clinical deterioration.						
Understands the role of accountability in decision making and practice.						
Understands importance of sharing assessment findings with mentoring staff and collaborating in decision making.						
Demonstrates sound knowledge of pathophysiology and pharmacology to support clinical decision making.						
Understands how to apply the National Safety and Quality Health Standards to ensure patient safety.						
Incorporates codes of conduct and ethics in communication, behaviour and attitudes in and						

		I	S	A	M	D	NA
	out of clinical settings.						
	Understands importance of timely and responsive care to ensure safety in a changing environment.						
	Demonstrates critical thinking and application of evidence-based theory to practice.						
SKILLS	Ensures safety of self and others during nursing interventions.						
	Displays flexibility and an ability to multi-task workload.						
	Establishes and works within own scope of practice.						
	Demonstrates interpersonal skills in effective interprofessional communication.						

Bondy, K. M. (1983). Criterion-referenced definitions for rating scales in clinical evaluation. *Journal of Nursing Education, 22*(9), 376–381.

Independent: (I)	Refers to being safe and knowledgeable, proficient and coordinated, and appropriately confident and timely. Does not require supporting cues.
Supervised: (S)	Refers to being safe and knowledgeable, efficient and coordinated, displaying some confidence and undertaking activities within a reasonably timely manner. Requires occasional supporting cues.
Assisted: (A)	Refers to being safe and knowledgeable most of the time; skilful in parts, yet inefficient with some skill areas; and taking longer than would be expected to complete the task. Requires frequent verbal and some physical cues.
Marginal: (M)	Refers to being safe when closely supervised and supported, unskilled and inefficient, using excess energy and taking a prolonged time period. Continuous verbal and physical cues.
Dependent: (D)	Refers to concerns about being unsafe and unable to demonstrate behaviour or articulate intention, and lacking in confidence, coordination and efficiency. Continuous verbal and physical cues/interventions necessary.

Professional Practice Competency

Professionalism relates to the knowledge, skills, conduct, behaviours and attitudes of undergraduate registered nurses undertaking practicum

Formative assessment provides opportunity to review the student's progress and identify strengths and areas for improvement. Please evaluate the student's performance against the level expected and provide written and verbal feedback

CF/RN to please initial and date the appropriate column	Independent: (I)	Supervised: (S)	Assisted (A)	Marginal: (M)	Dependent: (D)	Not Assessed
Advocates for patients appropriately.						
Able to critically think and analyse to problem solve.						

	Displays ability to work as an effective team member.							
	Demonstrates skill in escalating care through correct use of reporting mechanisms.							
	Able to identify and manage patient activities of daily living.							
ATTITUDES	Professionally represents Notre Dame University.							
	Presents with an inquiring mind and positive attitude, and is open to feedback.							
	Presents with an appropriate level of enthusiasm, preparation and curiosity.							
	Acts in a professional and respectful manner at all times.							
	Rationalises decision making with reflective and evidence-based responses.							
	Maintains and respects professional boundaries with patients, visitors and staff.							
	Values staff contribution to learning on practicum placement.							
	Consistently provides patient-centred care.							
	Proactively identifies and manages own learning needs.							
	Identifies and appropriately manages own responses to stress.							
	Values emotional intelligence in practice and interactions.							
	Values appearance and presentation of self.							

Bondy, K. M. (1983). Criterion-referenced definitions for rating scales in clinical evaluation. *Journal of Nursing Education, 22*(9), 376–381.

Independent: (I)	Refers to being safe and knowledgeable, proficient and coordinated, and appropriately confident and timely. Does not require supporting cues.
Supervised: (S)	Refers to being safe and knowledgeable, efficient and coordinated, displaying some confidence and undertaking activities within a reasonably timely manner. Requires occasional supporting cues.
Assisted: (A)	Refers to being safe and knowledgeable most of the time; skilful in parts, yet inefficient with some skill areas; and taking longer than would be expected to complete the task. Requires frequent verbal and some physical cues.
Marginal: (M)	Refers to being safe when closely supervised and supported, unskilled and inefficient, using excess energy and taking a prolonged time period. Continuous verbal and physical cues.

Appendix 20: Graduate Attributes and Competency Statement Mapping

GRADUATE ATTRIBUTE	PROFESSIONAL PRACTICE COMPETENCY STATEMENTS THAT MEASURE ATTRIBUTE
1) Communication	(2) Prioritises accountability in decision making and integrates knowledge of open disclosure process. (4) Demonstrates systematic patient assessment, analysis of findings and ability to prioritise and coordinate patient care. (5) Integrates recognised reporting mechanisms to escalate patient care in response to clinical deterioration. (7) Analyses assessment results and collaborates in decision making and care planning with mentoring staff. (9) Applies National Safety and Quality Health Service Standards to patient care. (10) Incorporates NMBA code of conduct and ICN code of ethics in communication, behaviour and attitudes in and out of the clinical setting. (17) Demonstrates sound interpersonal skills in effective interprofessional communication. (18) Advocates for patients. (20) Demonstrates ability to work as an effective team member. (27) Identifies, respects and maintains professional boundaries with patients and their family, visitors and staff. (28) Relates and values staff contribution to learning on practicum. (32) Demonstrates emotional intelligence in practice and interactions with others. (1) Integrates NMBA *Code of Conduct for Nurses* and *Registered Nurse Standards for Practice*, ICN *Code of Ethics for Nurses*, *Health Practitioner Regulation National Law (WA) Act 2010*, *Medicines and Poisons Act 2014* and mandatory reporting obligations of the RN into practice as a student RN. (3) Prioritises decision making and adapts practice to comply with codes, standards and legislation governing nursing practice within current scope.
2) Critical and Reflective Thinking	(2) Prioritises accountability in decision making and integrates knowledge of open disclosure process. (3) Prioritises decision making and adapts practice to comply with codes, standards and legislation governing nursing practice within current scope. (4) Demonstrates systematic patient assessment, analysis of findings and ability to prioritise and coordinate patient care. (5) Integrates recognised reporting mechanisms to escalate patient care in response to clinical deterioration. (12) Demonstrates timely and responsive care to ensure patient safety in a changing environment. (16) Independently establishes and works within own scope of practice. (19) Applies critical thinking and analysis to enable problem solving. (24) Reflects on past experiences and applies this knowledge to enable adaptation to clinical environment. (26) Rationalises decision making with reflective and evidence-based responses. (33) Represents Notre Dame University and self in a professional manner through both appearance and engagement with placement.

3) Technical Competence and Interdisciplinarity	(1) Integrates NMBA *Code of Conduct for Nurses* and *Registered Nurse Standards for Practice*, ICN *Code of Ethics for Nurses*, *Health Practitioner Regulation National Law (WA) Act 2010, Medicines and Poisons Act 2014* and mandatory reporting obligations of the RN into practice as a student RN. (3) Prioritises decision making and adapts practice to comply with codes, standards and legislation governing nursing practice within current scope. (4) Demonstrates systematic patient assessment, analysis of findings and ability to prioritise and coordinate patient care. (5) Integrates recognised reporting mechanisms to escalate patient care in response to clinical deterioration. (7) Analyses assessment results and collaborates in decision making and care planning with mentoring staff. (8) Integrates sound knowledge of pathophysiology and pharmacology to support clinical decision making. (9) Applies National Safety and Quality Health Service Standards to patient care. (15) Demonstrates flexibility and an ability to multi-task workload. (16) Independently establishes and works within own scope of practice. (21) Independently identifies and manages patient activities of daily living.
4) Lifelong Learning	(8) Integrates sound knowledge of pathophysiology and pharmacology to support clinical decision making. (22) Presents to placement adequately prepared, with an inquiring mind and positive attitude, and is receptive to feedback. (24) Reflects on past experiences and applies this knowledge to enable adaptation to clinical environment. (28) Relates and values staff contribution to learning on practicum. (30) Develops a plan to manage identified learning needs. (31) Identifies and appropriately manages own response to stress. (3) Prioritises decision making and adapts practice to comply with codes, standards and legislation governing nursing practice within current scope.
5) Ethical Responsibility	(1) Integrates NMBA *Code of Conduct for Nurses* and *Registered Nurse Standards for Practice*, ICN *Code of Ethics for Nurses*, *Health Practitioner Regulation National Law (WA) Act 2010, Medicines and Poisons Act 2014* and mandatory reporting obligations of the RN into practice as a student RN. (2) Prioritises accountability in decision making and integrates knowledge of open disclosure process. (5) Integrates recognised reporting mechanisms to escalate patient care in response to clinical deterioration. (6) Demonstrates accountability in decision making and practice. (10) Incorporates NMBA code of conduct and ICN code of ethics in communication, behaviour and attitudes in and out of the clinical setting. (11) Demonstrates understanding of responsibility for duty of care to patients and their families. (18) Advocates for patients. (25) Acts in a professional and respectful manner at all times. (29) Consistently provides patient-centred care. (3) Prioritises decision making and adapts practice to comply with codes, standards and legislation governing nursing practice within current scope.
6) Philosophical and Religious Approaches to Life	(11) Demonstrates understanding of responsibility for duty of care to patients and their families. (18) Advocates for patients. (23) Demonstrates sensitivity and acceptance of others' beliefs, values and differences in provision of person-centred care.

	(25) Acts in a professional and respectful manner at all times. (27) Identifies, respects and maintains professional boundaries with patients and their family, visitors and staff. (29) Consistently provides patient-centred care. (32) Demonstrates emotional intelligence in practice and interactions with others. (33) Represents Notre Dame University and self in a professional manner through both appearance and engagement with placement.
7) Teamwork	(2) Prioritises accountability in decision making and integrates knowledge of open disclosure process. (5) Integrates recognised reporting mechanisms to escalate patient care in response to clinical deterioration. (14) Ensures safety of self and others during nursing interventions. (20) Demonstrates ability to work as an effective team member. (25) Acts in a professional and respectful manner at all times. (31) Identifies and appropriately manages own response to stress. (32) Demonstrates emotional intelligence in practice and interactions with others. (33) Represents Notre Dame University and self in a professional manner through both appearance and engagement with placement.
8) Research and Information Retrieval Skills	(1) Integrates NMBA *Code of Conduct for Nurses* and *Registered Nurse Standards for Practice*, ICN *Code of Ethics for Nurses*, *Health Practitioner Regulation National Law (WA) Act 2010, Medicines and Poisons Act 2014* and mandatory reporting obligations of the RN into practice as a student RN. (3) Prioritises decision making and adapts practice to comply with codes, standards and legislation governing nursing practice within current scope. (13) Applies evidence-based theory to practice. (19) Applies critical thinking and analysis to enable problem solving.
9) Internationalisation	(23) Demonstrates sensitivity and acceptance of others' beliefs, values and differences in provision of person-centred care. (25) Acts in a professional and respectful manner at all times. (27) Identifies, respects and maintains professional boundaries with patients and their family, visitors and staff. (29) Consistently provides patient-centred care. (33) Represents Notre Dame University and self in a professional manner through both appearance and engagement with placement.
10) Commitment to Active Citizenship	(11) Demonstrates understanding of responsibility for duty of care to patients and their families. (14) Ensures safety of self and others during nursing interventions. (18) Advocates for patients. (23) Demonstrates sensitivity and acceptance of others' beliefs, values and differences in provision of person-centred care. (25) Acts in a professional and respectful manner at all times. (27) Identifies, respects and maintains professional boundaries with patients and their family, visitors and staff. (29) Consistently provides patient-centred care. (33) Represents Notre Dame University and self in a professional manner through both appearance and engagement with placement.

Appendix 21: Professional Practice Competency

9	**Professional Practice Competency** *Professional practice relates to the knowledge, skills, conduct, behaviours and attitudes of undergraduate registered nurses*	
GRADING SCALE	Independent	Refers to being safe and knowledgeable, proficient and coordinated, appropriately confident and timely. Does not require supporting cues.
	Supervised	Refers to being safe and knowledgeable, efficient and coordinated; displaying some confidence and undertaking activities within a reasonably timely manner. Requires occasional supporting cues.
	Assisted	Refers to being safe and knowledgeable most of the time; skilful in parts, yet inefficient with some skill areas; and taking longer than would be expected to complete the task. Requires frequent verbal and some physical cues.
	Marginal	Refers to being safe when closely supervised and supported, unskilled and inefficient, using excess energy and taking a prolonged time period. Continuous verbal and physical cues.
	Dependent	Refers to concerns about being unsafe and being unable to demonstrate behaviour or articulate intention, and lacking in confidence, coordination and efficiency. Continuous verbal and physical cues/interventions necessary.

	Performance Criteria (Please place your *initials* in the appropriate column)	Related NMBA (2016) *Registered Nurse Standards for Practice*	Independent	Supervised	Assisted	Marginal	Dependent
KNOWLEDGE	1. Integrates NMBA *Code of Conduct for Nurses* and *Registered Nurse Standards for Practice*, ICN *Code of Ethics for Nurses*, *Health Practitioner Regulation National Law (WA) Act 2010*, *Medicines and Poisons Act 2014* and mandatory reporting obligations of the RN into practice as a student RN.						
	2. Prioritises accountability in decision making and integrates knowledge of open disclosure process in practice.						
	3. Prioritises decision making and adapts practice to comply with codes, standards and legislation governing nursing practice within current scope.						
	4. Demonstrates systematic patient assessment, analysis of findings and ability to prioritise and coordinate patient care.						
	5. Integrates recognised reporting mechanisms to escalate patient care in response to clinical						

		Related NMBA (2016) Registered Nurse Standards for Practice	Independent	Supervised	Assisted	Marginal	Dependent
	deterioration.						
	6. Demonstrates accountability in decision making and practice.						
	7. Analyses assessment results and collaborates in decision making and care planning with mentoring staff.						
	8. Integrates sound knowledge of pathophysiology and pharmacology to support clinical decision making.						
	9. Applies National Safety and Quality Health Service Standards to patient care.						
	10. Incorporates NMBA code of conduct and ICN code of ethics in communication, behaviour and attitudes in and out of the clinical setting.						
	11. Demonstrates understanding of responsibility for duty of care to patients and their families.						
SKILLS	12. Demonstrates timely and responsive care to ensure patient safety in a changing environment.						
	13. Applies evidence-based theory to practice.						

	Performance Criteria (Please place your *initials* in the appropriate column)	Related NMBA (2016) *Registered Nurse Standards for Practice*	Independent	Supervised	Assisted	Marginal	Dependent
SKILLS	14. Ensures safety of self and others during nursing interventions.						
	15. Demonstrates flexibility and an ability to multi-task workload.						
	16. Independently establishes and works within own scope of practice.						
	17. Demonstrates sound interpersonal skills in effective interprofessional communication.						
	18. Advocates for patients.						
	19. Applies critical thinking and analysis to enable problem solving.						
	20. Demonstrates ability to work as an effective team member.						
	21. Independently identifies and manages patient activities of daily living.						
ATTITUDES	22. Presents to placement adequately prepared, with an inquiring mind and positive attitude, and is receptive to feedback.						
	23. Demonstrates sensitivity and acceptance of						

	others' beliefs, values and differences in provision of person-centred care.					
	24. Reflects on past experiences and applies this knowledge to enable adaptation to clinical environment.					
	25. Acts in a professional and respectful manner at all times.					
	26. Rationalises decision making with reflective and evidence-based responses.					
	27. Identifies, respects and maintains professional boundaries with patients and their family, visitors and staff.					
	28. Relates and values staff contribution to learning on practicum.					
	29. Consistently provides patient-centred care.					
	30. Develops a plan to manage identified learning needs.					
	31. Identifies and appropriately manages own response to stress.					
	32. Demonstrates emotional intelligence in practice and interactions with others.					
	33. Represents Notre Dame University and self in a professional manner through both appearance and engagement with placement.					

SIGN OFF	Student:		Clinical Facilitator/RN Mentor:	
	Name:		Name:	
	Signature:		Signature:	
	Date:		Date:	
REF	Bondy, K. M. (1983). Criterion-referenced definitions for rating scales in clinical evaluation. *Journal of Nursing Education, 22*(9), 376–381.			